July 8, 2026 Behavioral Health Partnership Oversight Council (BHPOC) Zoom Meeting

Meeting summary

Quick recap

The meeting focused on a comprehensive presentation about Certified Community Behavioral Health Clinics (CCBHCs) in Connecticut, led by Rob Haswell from DMHAS along with partners Dr. Stephney Springer from DCF and Dr. Fatmata Williams from Department of Social Services. The presentation detailed Connecticut's progress on implementing the CCBHC model through a planning grant, including the development of a prospective payment system (PPS) that would provide cost-based reimbursement to clinics, covering services across the lifespan with a focus on comprehensive mental health and substance use treatment. The state partners explained that Connecticut has been working with approximately 10 existing CCBHCs that have received SAMHSA planning grants directly over the past decade and discussed how the new PPS rate structure would support workforce development and provide better funding stability for behavioral health providers. The discussion also covered concerns about the potential impact of HR-1 on Medicaid eligibility requirements, particularly how the new medical frailty requirements might affect individuals with behavioral health needs, with Fatmata noting that Connecticut is part of a multi-state lawsuit seeking to block these provisions. Various agency updates were shared, including DDS's new Children's Step Up Step Down Unit RFP, DMHAS's residential bed capacity expansion efforts, and DCF's announcement about CHR's new Rose Center crisis stabilization program in Norwich.

Key Outcomes

The meeting centered on Connecticut's **Certified Community Behavioral Health Clinic (CCBHC)** planning grant progress, including payment model design, stakeholder engagement, and implementation timeline. State agencies (DMHAS, DCF, DSS) jointly presented grant activities and next steps. Secondary discussions addressed **HR-1 Medicaid eligibility changes** and their anticipated impact on behavioral health clients. Agency reports highlighted expanded residential SUD capacity, new crisis stabilization services, and leadership transitions.

Decisions Made

- Connecticut selected a **daily PPS1 (Prospective Payment System) rate** for CCBHC reimbursement, based on stakeholder and provider network feedback.
- Three CCBHCs are currently active in the state receiving technical assistance for cost reports and certification preparation.
- Connecticut joined a **multi-state lawsuit** (led by NJ, MA, CA) to block new Medicaid medical frailty eligibility provisions under HR1.

Next steps

Dr. Fatmata Williams

- [ ] Arrange for a presentation on HR-1 and its impact on Medicaid eligibility for the next BPOC meeting.

Neva Caldwell

- [ ] Send out formal programming and registration information for the iCAN conference on September 24, 2026.

Rob Haswell

- Provide an overview of the successful applicants from the DMHAS RFPs for residential bed capacity expansion at the September meeting.
- Send the link for the July 28th provider application workshop to David for distribution.

Dr. Stephney Springer

- Send information about the annual DCF Fatherhood Conference in September to David for distribution.

Collaboration

- CFAC: Host a 988 Crisis Lifeline virtual meeting during the August 6th bi-monthly CFAC meeting.

Summary

Community Behavioral Health Clinics Presentation

The meeting began with welcome messages and an announcement that the meeting would be recorded live on CTN with Spanish translation services available. Co-Chair Janine Sullivan-Wiley opened the formal agenda by welcoming attendees and noting there were no action items other than presentations scheduled for the day. The first presentation topic was certified community behavioral health clinics, with Rob Haswell (DMHAS) expected to lead the discussion and invite state agency representatives to contribute given the cross-agency nature of the topic.

Connecticut CCBHC Grant Updates

The meeting focused on updates regarding Connecticut's Certified Community Behavioral Health Clinic (CCBHC) planning grant. Dr. Fatmata Williams from the Department of Social Services presented an overview of the CCBHC model, explaining that the grant application was submitted in 2024, worked on throughout 2025, but some critical components were not completed, leading to a no-cost extension through the end of the year. Dr. Stephanie Springer provided details on CCBHC program requirements, including crisis services, outpatient mental health and substance use services, and whole-person centered treatment approaches for children, teens, adults, and seniors.

Connecticut CCBHC Payment System Implementation

Rob explained that CCBHCs use a prospective payment system (PPS) model with Connecticut implementing a daily PPS rate based on actual costs incurred by clinics. He outlined Connecticut's progress through a SAMHSA planning grant, including collaboration with various partners like Carelon Behavioral Health, National Council for Mental Well-Being, and NCQA to develop the state-specific CCBHC model. The presentation detailed the formation of steering committees and subcommittees that provided feedback on implementation, with final recommendations made earlier in the year leading to the decision to use a daily PPS rate.

CCBHC Payment Services Model Discussion

The meeting focused on a presentation about a prospective payment services model for CCBHCs (Certified Community Behavioral Health Clinics). Mike asked about the broader application of this model, to which Fatmata explained it's already used for federally qualified health centers and covers total cost of care based on cost reports. Howard inquired about the state's role in relation to other ongoing CBHC initiatives, and Robert clarified that the state leads in preparing for a Medicaid demonstration to transition services from SAMHSA funding into a Medicaid reimbursable PPS structure. Allison from the Connecticut Hospital Association raised questions about crisis response planning and potential partnerships between hospitals and CCBHCs, particularly regarding crisis care centers and emergency department referrals.

Connecticut CCBHC Implementation Discussion

Dr. Springer explained that Connecticut has a well-developed mobile crisis response system that would need to be considered when implementing the CCBHC model, with some agencies already having mobile crisis programs while others would need to establish new crisis response methods. Heather addressed questions about rate issues, clarifying that while the proposed PPS system represents a significant step toward reimbursing CCBHCs for the cost of care, it will be a multi-year implementation process requiring continued attention to other codes and services in the interim. Heather also provided context about Connecticut's previous participation in and withdrawal from a planning grant, followed by subsequent SAMHSA funding opportunities that allowed CHR to become the first Connecticut provider to receive CCBHC certification funding.

CCBH Distribution and Implementation Discussion

Co-Chair Janine Sullivan-Wiley asked questions about the distribution of CCBHs across Connecticut and their relationship to FQHCs. Heather explained that multiple CCBHs could exist in the same area, similar to FQHCs, and clarified that CCBHs focus specifically on behavioral health services rather than providing medical care. The discussion addressed how CCBHs would maintain patient connections during inpatient stays through their care coordination model, with Fatmata Williams confirming this would be covered under the PPS payment system. Heather Gates raised concerns about the gap between the end of the current planning grant in December and the next demonstration grant RFP, questioning how the state would support providers during this period.

CCBHC Model and Support Extension

Dr. Williams discussed ongoing conversations about extending support beyond the current planning grant period ending in December 2026, including potential no-cost contracts and continued technical assistance for NCQA certification and cost reports. Rob Haswell explained that the CCBHC model focuses on client attribution to create strong systems of care, allowing providers to maintain relationships with clients even when they need inpatient care. The model also supports workforce development through its cost-based payment structure, which helps recruit and retain staff while providing training and support necessary for behavioral health workforce retention. Janine expressed enthusiasm about the reimbursement model, asking if there were any downsides, but no specific concerns were raised during the discussion.

CBHC Implementation Planning Discussion

The group discussed the implementation of the Community Behavioral Health Clinic (CBHC) model in Connecticut, with Fatmata and Rob highlighting the need for careful planning to minimize impact on the existing behavioral health system. Heather emphasized that if implemented thoughtfully, the model could benefit smaller providers while acknowledging potential challenges. Hector Glynn provided context about the legislative requirement and timeline, noting that the state has until April 2028 to submit to CMS. The conversation ended with Tammy Venenga providing updates on DDS initiatives, including a new Children's Step Up/Step Down Unit, a recreation program for kids, and a community clinical response team.

CCBHC Model Highlights

- **Services:** Comprehensive mental health and SUD treatment across all ages; 24/7 crisis intervention; peer support; targeted case management; psychiatric rehabilitation; primary care screening.
- **PPS Rate:** Cost-based daily payment covering true service delivery costs; enables workforce recruitment/retention and evidence-based practice adoption.
- **Care Continuity:** Client attribution model ensures CCBHCs maintain connection during inpatient stays, supporting seamless discharge transitions.
- **Existing footprint:** ~10 clinics across Connecticut have operated under SAMHSA grants for nearly 10 years.
- **Limitation noted:** PPS model better suited to clinic-scale providers; not a universal solution for all behavioral health rate issues; full statewide implementation is a multi-year, complex system change.

Grant Status & Timeline

- Planning grant awarded in **December 2024**; no-cost extension runs through **December 2026**.
- Key ongoing workstreams: cost reporting (Mercer), certification standards (NCQA), workforce/EBP development (CHDI), data management (Carillon).
- State must wait until **April 2028** to submit to CMS for the Medicaid demonstration.
- Gap-bridging between grant end and demonstration application is under active discussion; options include no-cost contract extensions with NCQA and Mercer.

HR1 Impact on Behavioral Health

Janine and Fatmata discussed the impact of HR-1 on clients with behavioral health needs in Connecticut. Fatmata explained that the new CMS interim federal rule on medical frailty requirements will narrow Medicaid eligibility by requiring demonstration of how severe conditions prevent individuals from working or engaging in the community. Janine expressed concern about how this could affect people with fluctuating behavioral health symptoms. Fatmata mentioned that Connecticut is part of a multi-state lawsuit led by New Jersey, Massachusetts, and California to block this provision.

Kally Moquete
Federal Register :: Medicaid Program; Community Engagement Requirement for Certain Individuals

C1-2026-11094.pdf (corrections issued to new rule on 6/29/26)

HR-1 Medicaid Impact

- New CMS interim rule requires demonstrating **severity of condition**, not just diagnosis, to qualify for Medicaid.
- States are exploring automation via claims data and ICD-10 codes; provider documentation may be required for cases not captured automatically, creating administrative burden.
- Particularly concerning for behavioral health clients whose symptoms fluctuate — eligibility may lapse during stable periods.
- A full HR1 presentation is planned for the **next BPOC meeting**; Fatmata committed to arranging subject matter experts.

Agency Reports

DDS

- Children's Step Up/Step Down Unit RFP awarded to **Endeavor Row**; development underway.
- New community clinical response team and recreation/respite program for children launching.
- Acting Commissioner: **Elisa Velardo** (replacing departing commissioner).

DMHAS

- Two RFPs for residential SUD bed expansion completed; successful applicants to be announced in **September**.
- ~30 beds recovered from earlier capacity loss; RFPs expected to restore and grow capacity.
- Provider application workshop for 1115 SUD demonstration: **July 28 at 1PM** (virtual).

DCF

- **CHR's Rose Center** (10-bed subacute crisis stabilization, ages 5–18, Norwich) is open and accepting referrals.
- Applied for NASMHPD grant with CT Children's focused on **youth-led suicide prevention initiatives**.
- Annual **Fatherhood Conference** planned for early September; details forthcoming.

DSS

- New **Medicaid Director: Adeline Strumolo** (formerly Deputy Commissioner-equivalent in Vermont); started within the past 2 weeks.

CSSD

- Brian DeLude transitioning to CSSD employment initiatives role; **Karen Roman** taking over judicial branch reporting.

CSDE

- Trauma-informed grant funding increased from $500K to **$2M** following legislative session.
- High Quality Inclusion Grant (~$20M) application deadline: **this Friday**; 100+ applications started.
- Governor established **Blue Ribbon Panel** on special education funding.

Action Items

- **Fatmata (DSS):** Arrange HR1 subject matter expert presentation for next BPOC meeting.
- **Rob (DMHAS):** Share RFP applicant details and residential bed expansion overview at **September meeting**.
- **Robert (DMHAS):** Send July 28 provider workshop link to David for distribution.
- **Dr. Springer (DCF):** Send Fatherhood Conference details to David when available.

Medicaid Eligibility System Updates

Fatmata explained that CMS is working to make Medicaid eligibility determinations more automatic through data portals and ICD-10 codes, but this system won't capture everyone who qualifies, requiring some individuals to see providers for additional documentation. Kelly Phenix requested that Fatmata arrange for the Executive Board to receive information about how the new system will impact people with both physical and behavioral health conditions. Fatmata announced that a new Medicaid director, Adeline Strumolo, has joined the team and will meet with the group soon.

Health and Human Services Updates

The meeting covered updates from several organizations. Rob from DMHAS announced successful applicants from two recent RFPs to expand residential bed capacity for substance use treatment, with details to be shared in September. Dr. Springer from DCF reported on the opening of CHR's Rose Center in Norwich, a 10-bed subacute crisis stabilization program for youth and announced a new youth suicide prevention grant initiative. Brian DeLude introduced his replacement Karen Roman at CSSD and announced his transition to focus on employment initiatives. Bryan Klimkiewicz from CSDE shared updates on summer resources for students, upcoming grant applications, and new funding for trauma-informed support and high quality inclusion programs. The next BHPOC meeting will be held on September 9, 2026.

BRYAN KLIMKIEWICZ

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Connection is Key flyers combined.pdf

RESC - Restorative Practices Training Si

Below are resources I share related to School Climate:

CSDE Resources:

Connecticut School Climate Guidance

Student Support Series

- Beyond Behavior: Strategies for Supporting Emotional Regulation in School
- School Climate webinar

Family Webinar on Behavior with Dr. Keder

RESC Resources:

School Climate Resources

- Behavior Response System Template
- School Climate Improvement Plan Template

RESC Alliance Restorative Practices (attached)

EASTCONN. These short webinars could be embedded in staff PD, PLCs, or in grade level meetings. The are free but require registration for access via the Google Form on the webpage (additional information re: topics below). There are three currently available webinars:

- Proactive Strategies for Engaging All Students
- Understanding & Celebrating Neurodiversity
- Function-Based Thinking: Understanding the 'Why' of Student Behavior

They also have additional trainings on cultivating trauma-sensitive classrooms, and multi-tiered systems of support for attendance (including the Tier I assessment).

RESC CT-SEDS MTSS resources

CONNECTION IS THE KEY to a Healthy Summer

Summer break can be a fun and relaxing time. But for many kids, the change in routine, having less time with friends, and being away from school supports can feel really hard.

Connect with Family

Set aside time to spend together as a family to create memories and share adventures. Vacations are great, but everyday moments can be even more important. Eat dinner together, go for a walk, have a dance party, or watch a favorite movie.
Prioritize togetherness — without the distraction of phones!

Connect with Community

Interacting with others is so important for developing social and interpersonal skills. Plan time for friends to come over, encourage summer employment, or explore activities offered in the community — parks and recreation departments, libraries, local Youth Services Bureaus, and community organizations are great places to look!

Connect with Support

A sudden change in your child's mood or behav-ior could be a sign that they are struggling. Talk to your child about how they are feeling and get them connected to help.

Visit www.ConnectingtoCareCT.org to find providers and supports in your area.

For immediate help, call 211 or 988 to reach Youth Mobile Crisis, or visit one of Connecticut's Urgent Crisis Centers.

Youth who feel connected are more likely to thrive, now and in the future. Use this summer as an opportunity to build and strengthen your child's connections. Don't let them spend their summer alone!

YOUTH MENTAL HEALTH

If you are worried about your child's mental health, immediate help is available!

Supports

Someone to Contact

988 Suicide and Crisis Lifeline

Call or text 988 to reach the free national Suicide and Crisis Lifeline and be connected with help.

Youth Mobile Crisis

Call 211 (option 1 and then 1 again) to reach trained, local clinicians who can provide immediate help over the phone for free.

Someone to Respond

Youth Mobile Crisis

By calling 211 (option 1 and then 1 again), you can request a youth mental health professional to come meet with you and your child to provide free in-person support.

A Safe Place for Help

Urgent Crisis Centers

Urgent Crisis Centers provide walk-in support for adolescents 18 and under. Trained staff will de-escalate the crisis, complete an evaluation, and connect your child to services. The three UCC locations are:

The Village for Families and Children
1680 Albany Avenue Hartford, CT
860-297-0520

Wellmore
141 East Main Street Waterbury, CT
203-580-4298

Child & Family Agency 255 Hempstead Street New London, CT
860-437-4550

Ongoing Support

Connecting to Care CT

Visit CTConnectingtoCare. org **to explore information to help you better understand, navigate, and find children's mental and behavioral health services near you.**

Help is Available

Asking for support is never the wrong choice!

Connecticut State Department of Education
Connecticut Department of Children and Families

LA CONEXIÓN ES LA CLAVE
para un verano saludable

Las vacaciones veraniegas de la escuela pueden ser divertidas y relajantes. Sin embargo, para muchos niños, el cambio de rutina, menos tiempo con los amigos y estar alejado de la escuela puede ser difícil.

Conectar a la familia

Haga tiempo para estar juntos como familia para crear recuerdos y compartir aventuras. Las vaca-ciones son muy buenas, pero los momentos cotidia-nos puede ser aun más importantes. Coman juntos, salgan a caminar, pongan una fiesta de baile, o miren una película favorita. Haga que estar juntos sea una prioridad — ¡sin la distracción de la tecnología!

Conectar a la comunidad

Relacionarse con otras personas es muy importante para las habilidades sociales e interpersonales en desarrollo. Planee tiempo para que vengan amigos a la casa, anime a que tenga un empleo durante el verano, o explore las actividades diferentes que la co-munidad ofrece. ¡Algunos buenos lugares para bus-car son los departamentos de parques y recreación, las bibliotecas, las juntas locales de servicios para jóvenes y organizaciones en la comunidad!

Conectar a apoyo

Un cambio de repente en el humor o conduta de su hijo/a puede ser una señal que tiene alguna dificul-tad. Hable con su hijo/a sobre cómo se está sintiendo y póngalo/a en contacto con ayuda.

Visite a www.ConnectingtoCareCT.org para buscar proveedores y apoyos en su zona.

Para ayuda inmediata, marque al 211 o 988 para hablar con Youth Mobile Crisis (servicios móviles para jóvenes en crisis), o visite a uno de los centros de servicios para la crisis urgente en Connecticut.

Los jóvenes quienes se sienten conectados son más probables de prosperar, ahora y en el futuro. Use este verano como una oportunidad para construir y fortalecer las conexiones de sus hijo/a. !No deje que pasen el verano a solas!

Si está preocupado sobre la salud mental de su hijo/a, ¡ayuda inmediata está disponible!

LOS APOYOS PARA LA SALUD MENTAL DE LOS JÓVENES

Alguien a quien se puede contactar

988 Suicide and Crisis Lifeline (línea de vida para suicidio y crisis)

Llame o envíe un mensaje de texto al 988 para hablar gratuitamente con la línea para suicidio y vida en crisis y para que le conecten a ayuda.

Youth Mobile Crisis (Unidad móvil para jóvenes en crisis) Al marcar 211 (opción 1 y luego 1 otra vez), para hablar con clínicos de su zona quienes pueden proveer ayuda inmediata y gratuita por el teléfono.

Alguien que responde

Youth Mobile Crisis (Unidad móvil para jóvenes en crisis)

Al marcar 211 (opción 1 y luego 1 otra vez), puede pedir que un profesional de la salud mental de jóvenes

venga a reunirse con usted y su hijo/a para proveer apoyo en persona gratuitamente.

Un lugar seguro para ayuda

Urgent Crisis Centers

(Centros para crisis urgente) Los centros para crisis urgente (UCCs por sus siglas en inglés) proveen apoyo sin cita previa para los adolescentes de 18 años y menos. El personal en-trenado reducirá la intensidad de la crisis, completar una evaluación y conectar su hijo/a a servicios. Las tres UCCs están ubicadas en:

The Village for Families and Children
1680 Albany Avenue Hartford, CT
860-297-0520

Wellmore
141 East Main Street Waterbury, CT
203-580-4298

Child & Family Agency 255 Hempstead Street New London, CT
860-437-4550

Apoyo continuo

Conectar a Care CT

Visite a CTConnectingtoCare. org **para explorar información para entender mejor, navegar y encontrar servicios para la salud mental y conductual infantil cerca de usted.**

Hay ayuda disponible

!Nunca es mala decision pedir ayuda!

El Departamento de Educación del Estado de Connecticut El
Departamento de Niños y Familias de Connecticut

A CONEXÃO É A CHAVE

para um verão saudável

As férias de verão podem ser divertidas e relaxantes!
Para muitos estudantes, contudo, a mudança na rotina, menos tempo com amigos e estar longe da escola pode ser difícil.

Conecte-se com a família

Separe tempo para passar com a família e criar memórias e compartilhar aventuras. As férias são ótimas, mas os momentos normais do dia a dia podem ser ainda mais importantes. Jantar jun-tos, sair para caminhar, fazer uma festa ou assistir a um bom filme. Priorize estar junto; sem as dis-trações da tecnologia!

Conecte-se com a comunidade

Interagir com outros é muito importante para o desenvolvimento de habilidades sociais e interpessoais. Planeje tempo para ver os amigos, encoraje trabalhos temporários de verão, ou explore atividades existentes na comunidade; procure parques e salões de recreação, bibliotecas, centros para a juventude e organizações da comunidade!

Conecte-se com apoio

Mudanças repentinas de humor ou comporta-mento dos filhos podem ser sinal de que estão com alguma dificuldade. Converse com eles so-bre como se sentem e coloque-os em conexão com ajuda.

Visite www.ConnectingtoCareCT.org para encontrar provedores e serviços de apoio na sua área.

Para ajuda imediata, ligue para 211 ou 988 para o Youth Mobile Crisis, ou visite um dos centros de crise urgente do Connecticut.

Jovens que se sentem conectados têm mais oportunidades de se desenvolverem, agora e no futuro. Aproveite o verão como oportunidade para construir e fortalecer as conexões dos seus filhos. Não os deixe passar o verão sozinhos!

Se a saúde mental dos seus filhos preocupa, existe ajuda imediata disponí

SUPORTE PARA SAÚDE MENTAL DE JOVENS

Quem contactar 988 Suicide and Crisis Lifeline

Ligue ou envie mensagem de texto para 988, linha de ajuda nacional gratuita para suicídio e crises e se conecte com ajuda.

Youth Mobile Crisis

Ligue 211 (opção 1 e depois 1 novamente) para profission-ais treinados locais que po-dem prover ajuda imediata ao telefone e gratuitamente.

Alguém para responder

Youth Mobile Crisis

Ao ligar para 211 (opção 1 e depois 1 novamente), você pode pedir para que um profissional de saúde mental de jovens vá ao seu encon-tro e dos seus filhos para dar suporte pessoalmente, gra-tuitamente.

Lugar seguro para ajuda

Centros de crise urgente

Urgent Crisis Centers (UCCs) fornecem pronto atendimento para adolescentes de 18 anos e menos. A equipe treinada acalma a crise, realiza uma avaliação e faz a conexão com os serviços. Os três UCCs são localizados:

The Village for Families and Children
1680 Albany Avenue
Hartford, CT
860-297-0520

Wellmore
141 East Main Street
Waterbury, CT

203-580-4298

Child & Family Agency 255 Hempstead Street New London, CT
860-437-4550

Apoio contínuo Connecting to Care CT Visite CTConnectingtoCare.org para explorar as informações que ajudam você a melhor compreender, lidar e encontrar serviços de saúde mental e comportamental para jovens perto de você.

Existe ajuda disponível

Pedir apoio nunca é a escolha errada!

Departamento Estadual de Educação do Connecticut
Departamento de Crianças e Famílias do Connecticut