July 13, 2026 Women & Children's Health Committee Zoom Meeting

Meeting summary

Quick recap

The MAPOC Women and Children Subcommittee meeting featured two presentations on maternal and child health programs. Corey Herrick from the Nurse-Family Partnership discussed the evidence-based, nurse-led home visiting program that supports first-time mothers experiencing socioeconomic challenges, highlighting its impact on health outcomes and cost savings. Edith Boyle from LifeBridge Community Services presented an innovative partnership with Pediatric Healthcare Associates to integrate behavioral health services into pediatric practices, emphasizing the need for sustainable Medicaid investment to support this model. The presentations were followed by a Q&A session where members discussed program details, eligibility, and the importance of early intervention. The conversation ended with announcements about upcoming events and the next meeting date.

Key Outcomes

Two evidence-based programs were presented to the subcommittee. Corey Herrick outlined the **Nurse-Family Partnership (NFP)** model, a nurse-led home visiting program operating in Regions 3 and 5 of Connecticut. Edith Boyle of **LifeBridge Community Services** presented an integrated pediatric behavioral health partnership with Pediatric Healthcare Associates (PHA), highlighting a critical funding gap under current Medicaid reimbursement rates and calling for policy reform to sustain the model.

Next steps

Edith Boyle

- Confirm with PHA whether they are screening for substance use and explore funding for implementing SBIRT training for pediatricians.
- Continue tracking and analyzing data on referral to engagement rates and sustained engagement in treatment across different models of care.

Eva Forrest

- Reach out to Dr. Williams to invite DSA and herself to update the committee on the status of the limited family planning benefit at the September meeting.

Rep. Sarah Keitt

- Share Corey's Nurse-Family Partnership presentation information with legislators in Regions 3 and 5.

Summary

MAPOC Women and Children Subcommittee

The MAPOC Women and Children's Health Committee meeting began with introductions and casual conversation among attendees. Representative Sarah Keitt welcomed everyone as Co-Chair alongside Amy Gagliardi and announced two presenters for the July meeting: Edith Boyle from LifeBridge Community Services and Corey Herrick. The meeting was being covered live on CT-N, and participants were still joining as the formal start approached 9:34.

Presentation 1 — Nurse-Family Partnership (NFP)

- **Model:** Evidence-based, nurse-led home visiting program pairing first-time mothers with a registered nurse from early pregnancy through the child's second birthday.
- **Goals:** Improve pregnancy outcomes, child health/development, and family economic self-sufficiency; program is **voluntary and free**.
- **Eligibility:** First-time moms enrolling before 29 weeks gestation (traditional); **NFPX** expands eligibility to later enrollment and mothers with prior births.
- **Qualifying risk factors:** At least one from each of two categories — socioeconomic inequity (e.g., Medicaid, SNAP, WIC) and a health inequity/risk factor (e.g., mental health, substance use, IPV, lack of prenatal care access).
- **ROI:** Approximately **$5.70 returned per $1 invested**, with savings across healthcare, child welfare, special education, and criminal justice.
- **Connecticut footprint:** Region 3 (TBCCA, operational since November) and Region 5 (NFPX model); goal to eventually expand statewide.
- **Differentiation from Family Bridge:** NFP is longer-term (up to child's age 2), begins prenatally, and requires qualifying risk factors; Family Bridge is universal, post-delivery only, and limited to ~3 visits.

Nurse-Family Partnership Program Overview

Corey presented on the Nurse-Family Partnership program, an evidence-based, nurse-led home visiting program designed to support pregnant individuals experiencing socioeconomic challenges. The program aims to improve pregnancy outcomes, child health and development, and economic self-sufficiency, with nurses providing support from early pregnancy through the child's second birthday. Corey explained that the program operates in two regions in Connecticut with different models, including traditional NFP and NFPX with expanded eligibility criteria, and emphasized the importance of early enrollment to build trusting relationships and address health concerns before they become larger problems.

NFP Program Presentation Overview

Cory presented information about the NFP (Nursing Family Partnership) program, which serves pregnant people in Region 3 and Region 5 with qualifying risk factors including socioeconomic inequity and health inequities. The program provides long-term support from pregnancy through the

child's second birthday, while Family Bridge is a shorter-term universal program that starts post-delivery. Sarah indicated she would share the information with legislators in Regions 3 and 5 to help them communicate the program details to their constituents.

Presentation 2 — LifeBridge & PHA Integrated Pediatric Behavioral Health

- **Problem:** Over **11,000 children** visit Connecticut EDs annually for behavioral health emergencies; ~1 in 3 returns within the same year; **70% of those visits** involve conditions responsive to timely outpatient treatment.
- **Partnership origin:** LifeBridge (175 years serving Bridgeport, 30+ years in behavioral health) and PHA (60+ years, ~34,000 children/year) connected at a nonprofit gala ~9 months ago.
- **Model:** LifeBridge clinicians **embedded in 3 PHA offices** (Stratford, Fairfield, Trumbull); referrals contacted within 24–48 hours; treatment begins in the pediatric office.
- **Access impact:** Youth receiving behavioral health services through LifeBridge increased by **393%** over 2.5 years; more than a quarter of that increase came from the PHA partnership alone after just 8 months.
- **Engagement:** Average treatment length grew from **7 to 10 sessions**; unkept appointment rate ~27% (integrated) vs. 29% (agency average); 57% of 800+ referrals resulted in family engagement.

Funding & Policy Gap

- **Cost per therapy session:** ~$240; Medicaid reimburses ~$105 — leaving an **unreimbursed gap of ~$135/visit**.
- **Annual unreimbursed costs:** LifeBridge absorbed **~$370,000**; PHA sacrificed an estimated **$800,000** in net revenue by dedicating exam rooms to behavioral health.
- **76%** of LifeBridge clients are on Medicaid.
- Care coordination, warm handoffs, and provider consultation — essential to integrated care — are **largely unreimbursed** under current fee-for-service Medicaid.

Policy Recommendations (LifeBridge/PHA)

- Support infrastructure funding and technical assistance for **pediatric-behavioral health partnerships**.
- Establish an **integrated pediatric behavioral health partnership payment model** recognizing both partners' contributions.
- Pursue a **Medicaid demonstration waiver** to evaluate and scale integrated care.
- Ensure Medicaid reimbursement **reflects actual cost of care**.
- Reference models: Massachusetts and Colorado have both successfully supported integrated pediatric behavioral health through Medicaid policy.

Pediatric Behavioral Health Partnership Integration

Edith Boyle presented an innovative partnership between LifeBridge Community Services and Pediatric Healthcare Associates that integrates pediatric behavioral health care into pediatric practices to improve access and outcomes for children. The partnership has resulted in a 393% increase in youth receiving behavioral health services over two and a half years, with embedded clinicians now working in three PHA locations. Edith highlighted significant financial challenges,

noting that Medicaid reimbursement covers only about 44% of the actual cost of providing services, leaving organizations to absorb substantial unreimbursed costs. She recommended establishing an integrated pediatric behavioral health care partnership payment model and pursuing a Medicaid demonstration waiver to support sustainable implementation of this effective approach.

- No August meeting; next meeting scheduled for **September 14, 2026, 9:30 AM meeting topic** provisionally set: DSA update on the status of the limited family planning benefit.

Kimberly Karanda, CT DMHAS

Families - ACCESS Mental Health for Youth