



Making connections. Informing solutions.

University of New Haven

May 28th, 2026

3:00 – 4:30 PM

Zoom

TCB Prevention Workgroup May Meeting

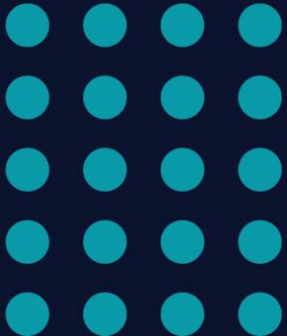
- 1. TCB Administrative Updates**
- 2. Connecticut Children's Behavioral Health Provider Survey Findings/Presentation**

Connecticut Children's Behavioral Health Provider Survey Results

Preliminary Findings & Stakeholder Discussion

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Innovations Institute, UConn School of Social Work



TCB Services Survey

Purpose & Context

- Connecticut's children's behavioral health service array spans **multiple systems, provider types, and funding structures**, resulting in fragmented information about service availability, utilization, and gaps across agencies and organizations.
- This survey was conducted as part of TCB's broader efforts to:
 - Specify CT's children's behavioral health service array
 - Identify potential gaps and unmet needs
 - Better understand access, capacity, and implementation realities
 - Inform future policy and system planning

TCB Services Survey

Survey Design & Dissemination (July 2025 – October 2025)

- Developed with the TCB Services Workgroup
- Collected information from children’s behavioral health providers at the site level:
 - Site characteristics (e.g., service setting, populations served, staffing)
 - Services provided (e.g., services types, ages served, delivery locations, waitlists, implementation challenges)
 - Access barriers and unmet needs

Important Caveats

- Survey respondents were primarily clinic-based providers
- Data are self-reported and reflect a point-in-time snapshot
- Some survey items had substantial missing data
- Findings are not a complete picture or a statewide inventory of services
- **Findings should be interpreted as directional, not definitive estimates**

Goals for Today

- Review preliminary findings and obtain stakeholder input to help:
 - **Validate** findings
 - **Identify** missing context
 - **Inform** planning priorities
- Your feedback will help refine interpretation and inform recommendations related to **service availability, capacity, and/or access**

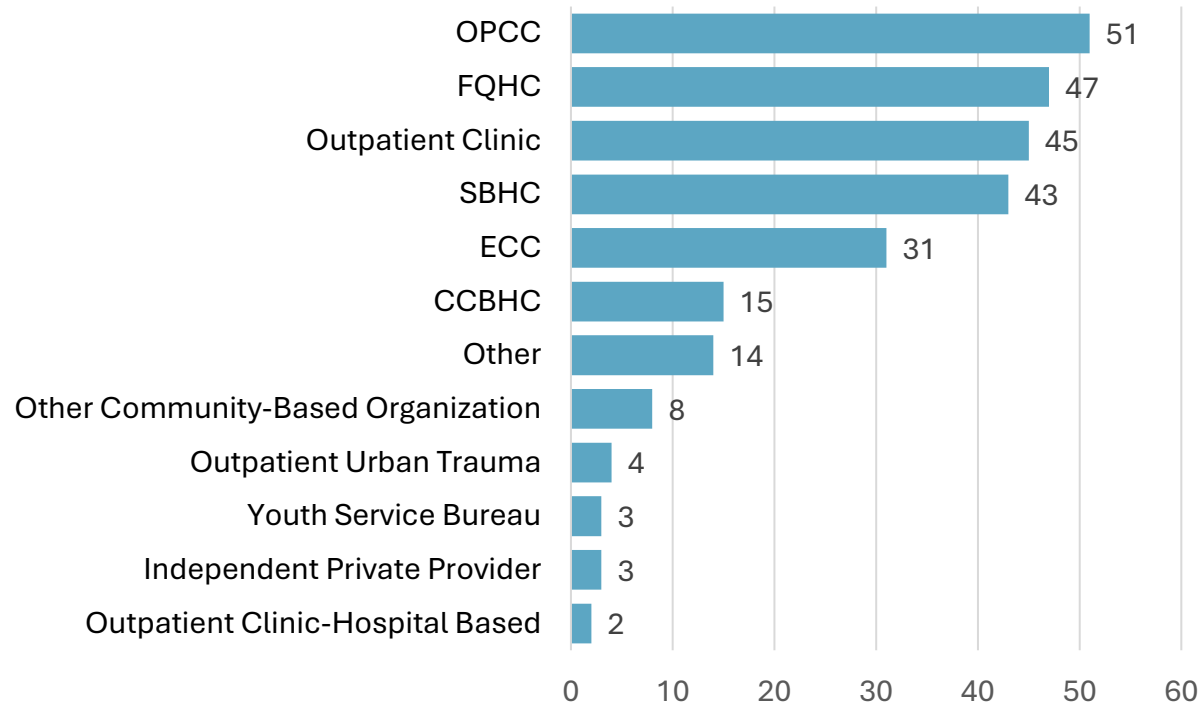
Discussion Questions

- What important strengths are not captured here?
- What important gaps or challenges may be missing?
- What planning priorities should receive the greatest attention?

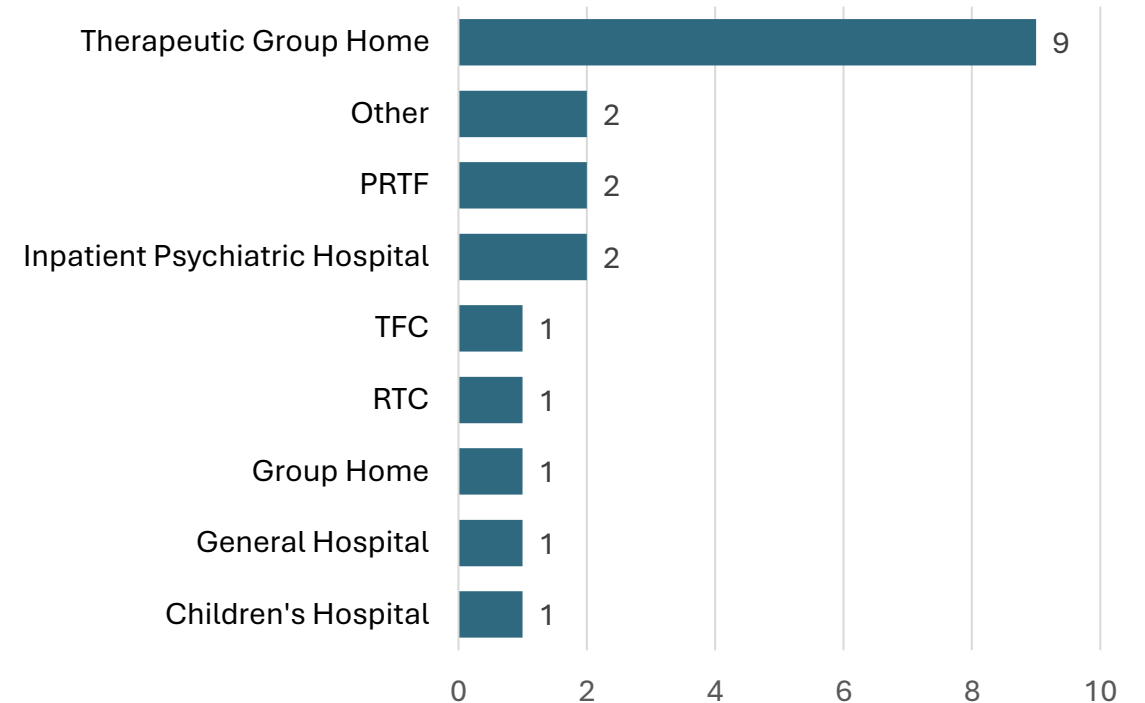
Survey Respondents

- **146 surveys** representing **200+ unique sites** and **50 organizations**
- Most respondents represented in-home/community-based services (88%), **primarily clinics**

In-Home/Community-Based (n=132)

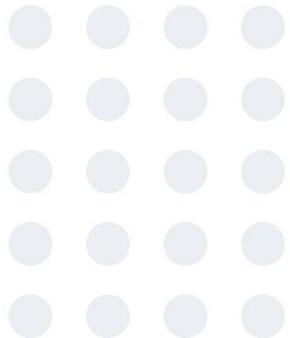
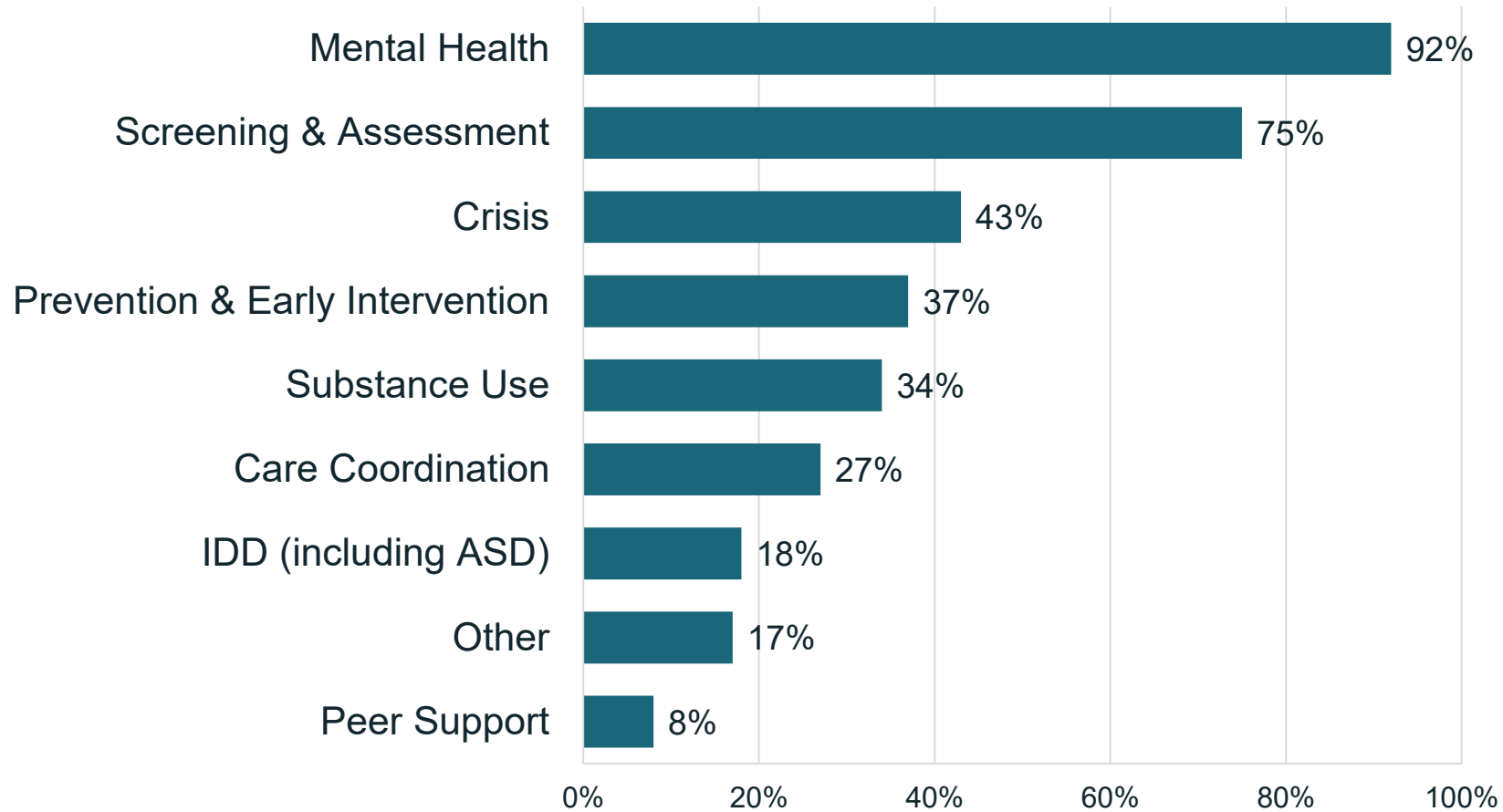


Out-of-Home/Residential (n=17)

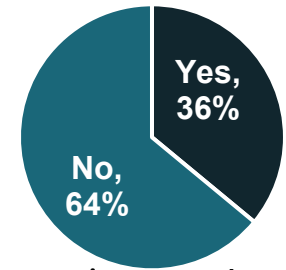


**Categories were not mutually exclusive; sites could select multiple types..*

Services Delivered at Sites



Prevention/Early Intervention



Services Reported	Count
Evidence-Based/Structured Models	52
Circle of Security (COS)	14
Child-Parent Psychotherapy (CPP)	8
Child First	7
Early Childhood Consultation Partnership (ECCP)	7
Triple P (Positive Parenting Program)	5
Parent-Child Interaction Therapy (PCIT)	3
Child and Family Traumatic Stress Intervention (CFTSI)	2
Child-Parent Relationship Therapy (CPRT)	2
Parents as Teachers (PAT)	2
Gizmo's Pawsome Guide to Mental Health	1
Strengthening Families Program (SFP)	1
General	87
Other	16
Parenting education or skills program	13
School-based prevention curriculum	13
Home visiting program	7
Life skills program	7
Suicide prevention program	7
After-school program	6
Intensive family preservation program	6
Social and emotional learning (SEL) program	6
Mentoring program	4
Fatherhood program	2
Total	139

Overall Picture (139 services across 53 sites)

- Mix of early childhood services, school-aged prevention, and more intensive approaches
- Weighted toward general approaches vs evidence-based
- Services concentrated among younger children (0-5) and families
- Delivered across home, school, clinic, and community settings
- 30% reported waitlist (of those reporting WL info); particularly EBPs

Implementation Challenges

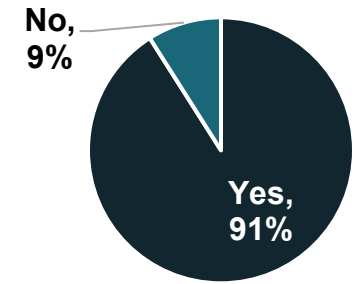
- Insufficient funding for ongoing service delivery (grants, time-limited funding)
- Recruiting and retaining qualified staff (training is costly)
- Low child/family engagement or service completion (barriers: transportation, scheduling conflicts, and competing demands)

Emerging Planning Considerations

- Service availability, including adolescents (need deeper scan)
- Sustainable funding approaches beyond grant-based models
- Workforce and training capacity
- Access and engagement strategies for children and families

Mental Health Services

Sites Reporting Services



Services Reported	Count
Evidence-Based/Structured Models	429
Cognitive Behavioral Therapy (CBT)	80
Motivational Interviewing (MI)	66
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	49
Dialectical Behavior Therapy (DBT)	42
MATCH-ADTC	28
IICAPS	21
Attachment, Regulation, and Competency (ARC) Trauma Treatment	19
Eye Movement Desensitization and Reprocessing (EMDR)	16
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	14
Child-Parent Psychotherapy (CPP)	13
Functional Family Therapy (FFT)	11
Bounce Back	10
Child First	8
Dialectical Behavior Therapy for Adolescents (DBT-A)	7
Multidimensional Family Therapy (MDFT)	7
Seeking Safety	6
Triple P (Positive Parenting Program)	6
Multisystemic Therapy (MST)	5
Functional Family Therapy – Foster Care (FFT-FC)	4
Parent-Child Interaction Therapy (PCIT)	4
Multisystemic Therapy for Emerging Adults (MST-EA)	3
Adolescent Coping with Depression (CWD-A)	2
Brief Strategic Family Therapy (BSFT)	2
Multisystemic Therapy – Building Stronger Families (MST-BSF)	2
Assertive Community Treatment (ACT)	1
Attachment-Based Family Therapy (ABFT)	1
Family Centered Treatment (FCT)	1
Multisystemic Therapy for Problem Sexual Behavior (MST-PSB)	1
General (services not shown)	450
Total	879

Overall Picture (879 services across 133 sites)

- Broad continuum of outpatient, community-based, school-based, residential, & higher-intensity services
- Services concentrated among school-age youth and adolescents
- 19% reported some waitlist (of those reporting WL information); intensive & specialized services

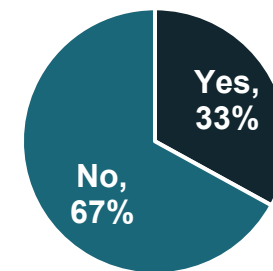
Implementation Challenges

- Staff turnover (especially intensive & specialized models; workload, documentation, burnout)
- Difficulty hiring qualified staff
- Low child/family engagement or service completion
- Billing/reimbursement/rate adequacy challenges (affects staffing, sustainability)

Emerging Planning Considerations

- Availability of intensive and higher-acuity services
- Service access for young children and transition-age youth
- Workforce recruitment, retention, and specialty training capacity
- Reimbursement structures and funding sustainability for intensive models

Substance Use Services



Services Reported	Count
Evidence-Based/Structured Models	116
Cognitive Behavioral Therapy (CBT)	25
Motivational Interviewing (MI)	25
Motivational Enhancement Therapy (MET)	11
Multidimensional Family Therapy (MDFT)	10
Multisystemic Therapy (MST)	8
Community Reinforcement Approach (CRA)	7
Substance Screening, Treatment, & Recovery for Youth (SSTRY)	7
Functional Family Therapy (FFT)	6
Helping Youth and Parents Enter (HYPE) Recovery	5
Dialectical Behavior Therapy for Adolescents (DBT-A)	4
Family-Based Recovery (FBR)	2
Multisystemic Therapy for Emerging Adults (MST-EA)	2
Brief Strategic Family Therapy (BSFT)	1
Integrated Dual Disorder Treatment (IDDT)	1
Medication-assisted treatment (MAT) for opioid dependence	1
The Seven Challenges	1
General	132
Individual counseling/therapy	36
Family counseling/therapy	35
Psychoeducation	28
Group counseling/therapy	22
Other	9
Experiential/expressive therapy (e.g., art)	2
Total	248

Overall Picture (248 services across 48 sites)

- Primarily outpatient (83%) and early intervention services (56%; ASAM levels)
- One medium intensity residential treatment program reported
- Mix of general services (53%) and evidence-based/structured models (47%)
- 21% reported some waitlist (of those reporting WL info); in-home services

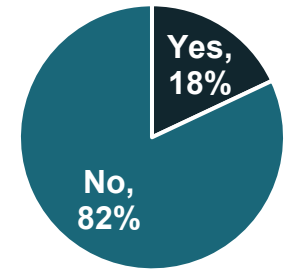
Implementation Challenges

- Low referral volume (reliance on specific referral sources, stigma, awareness)
- Difficulty hiring qualified staff & staff turnover (cost, time for training)
- Low child/family engagement or service completion (especially for longer or more structured services; transportation & geographic barriers)

Emerging Planning Considerations

- Assessment of referral/access pathways
- Expand access to evidence-based substance use treatment models, including in-home services
- Enhance workforce capacity and training opportunities
- Assessment of need for residential services

IDD Services



Services Reported	Count
Evidence-Based/Structured Models	6
Applied Behavior Analysis (ABA)	3
Positive Behavior Support (PBS)	3
General	96
Social skills group	15
Behavior therapy	13
Family support services	10
Behavioral support services	9
In-home supports	8
Recreational program	7
Daily living skills training	5
Life skills coaching	5
Assistive technology/adaptive equipment	4
Employment/vocational skills training	4
Occupational therapy	4
Speech and language therapy	4
Physical therapy	3
Other	3
Job coaching	1
Specialized respite for youth with IDD	1
Total	102

Overall Picture (102 services across 26 sites)

- Broad range of behavioral, therapeutic, and supportive services reported
- School-age/adolescent concentration
- 11% reported some waitlist (of those reporting WL information)

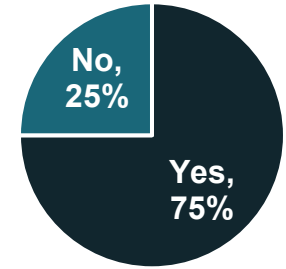
Implementation Challenges

- Difficulty hiring qualified staff
- Referral volume exceeding capacity
- Staff turnover
- Challenges sustaining family engagement and participation

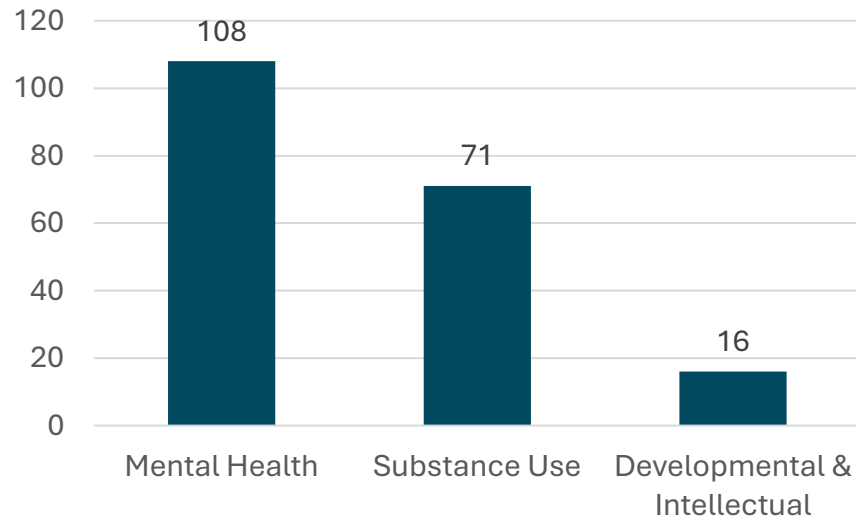
Emerging Planning Considerations

- Availability of home- and community-based supports
- Services for young children, transition-age youth, and families/caregivers
- Specialized workforce capacity for IDD-related services
- Continuity of supports across developmental stages and systems

Screening & Assessment



Screening & Assessment Domains
(n=110)



Most Frequently Reported Tools

Behavioral & Mental Health

1. Columbia-Suicide Severity Rating Scale (C-SSRS; n=91)
2. Patient Health Questionnaire - Modified for Teens (PHQ-9; n=67)
3. Generalized Anxiety Disorder-7 (GAD-7; n=60)

Substance Use

1. Screening, Brief Intervention, and Referral to Treatment (SBIRT; n=40)
2. CRAFFT (n=27)
3. Global Appraisal of Individual Needs (GAIN; n=18)

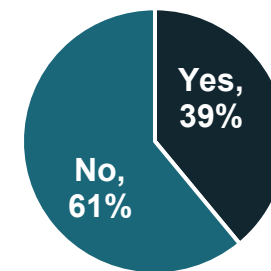
Developmental & Intellectual

1. Modified Checklist for Autism in Toddlers (M-CHAT; n=9)
2. Autism Diagnostic Observation Schedule (ADOS-2; n=9)
3. Ages & Stages Questionnaires (ASQ; n=6)
4. Devereux Early Childhood Assessment (DECA; n=6)

Emerging Planning Considerations

- Feasibility and value of shared screening and assessment approaches across systems

Crisis Services



Services Reported	Count
Crisis stabilization services	30
Crisis call center/phone triage	27
Mobile crisis response	19
Crisis walk-in clinic	12
Other	10
Urgent Crisis Center (UCC)	5
UCC-ED	4
Total	107

Overall Picture (107 services across 58 sites)

- Mix of telephonic, mobile, clinic, and facility-based services
- School-age/adolescent concentration

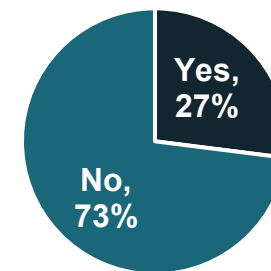
Implementation Challenges

- Staff turnover
- Reimbursement and administrative structures that may not align with crisis care delivery
- Use of grant funds and funding instability
- Declining referrals for Mobile Crisis Response

Emerging Planning Considerations

- Service availability by region and population
- Workforce capacity and retention
- Sustainable funding approaches

Care Coordination Services



Services Reported	Count
Evidence-Based/Structured Models	12
Intensive care coordination using High Fidelity Wraparound	9
Coordinated Specialty Care (CSC)	3
General	9
Telephonic care coordination	29
Intermediate care coordination	13
Intensive care coordination	6
Other	3
Total	63

Overall Picture (63 services across 39 Sites)

- Lower-intensity coordination approaches more common
- School-age/adolescent concentration; limited for transition-age youth
- 17% reported some waitlist (of those reporting WL information)

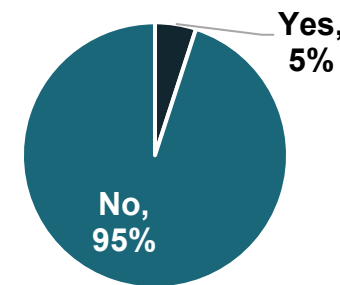
Implementation Challenges

- Billing/reimbursement/rate adequacy challenges
- Staff turnover (especially intensive care coordination)
- Long service waitlists & limited service availability affecting care coordination
- Eligibility challenges limiting referrals to care coordination

Emerging Planning Considerations

- Availability of care coordination services across levels of need and for specific populations (TAY)
- Sustainable reimbursement approaches
- Workforce capacity for intensive care coordination models

Peer Support Services



Services Reported	Count
Evidence-Based/Structured Models	1
SMART Recovery	1
General	9
Youth/young adult peer support	3
Family navigator	2
Family peer support	2
Peer recovery coaching	1
Other	1
Total	10

Overall Picture (10 Services across 8 Sites)

- Limited peer support services reported across responding sites
- School-age/adolescent concentration

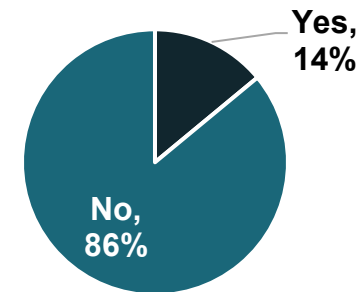
Implementation Challenges

- Staff turnover (1 service)

Emerging Planning Considerations

- Role of peer support within the broader BH continuum
- Integration of peer support within crisis, care coordination, and treatment services
- Workforce development and supervision infrastructure
- Access to peer support for transition-age youth and families with young children

Other Supports & Services



Services Reported	Count
Concrete support (e.g., food access)	11
Other	11
Transportation – Non-Medical	8
Wellness education services (e.g., nutrition)	7
Supported education	5
Childcare	4
Transportation - Medical	3
Respite – Planned	2
Supported employment	2
Supported housing	1
Total	54

Overall Picture (54 services across 21 Sites)

- School-age/adolescent concentration
- 52% reported some waitlist (of those reporting WL information)

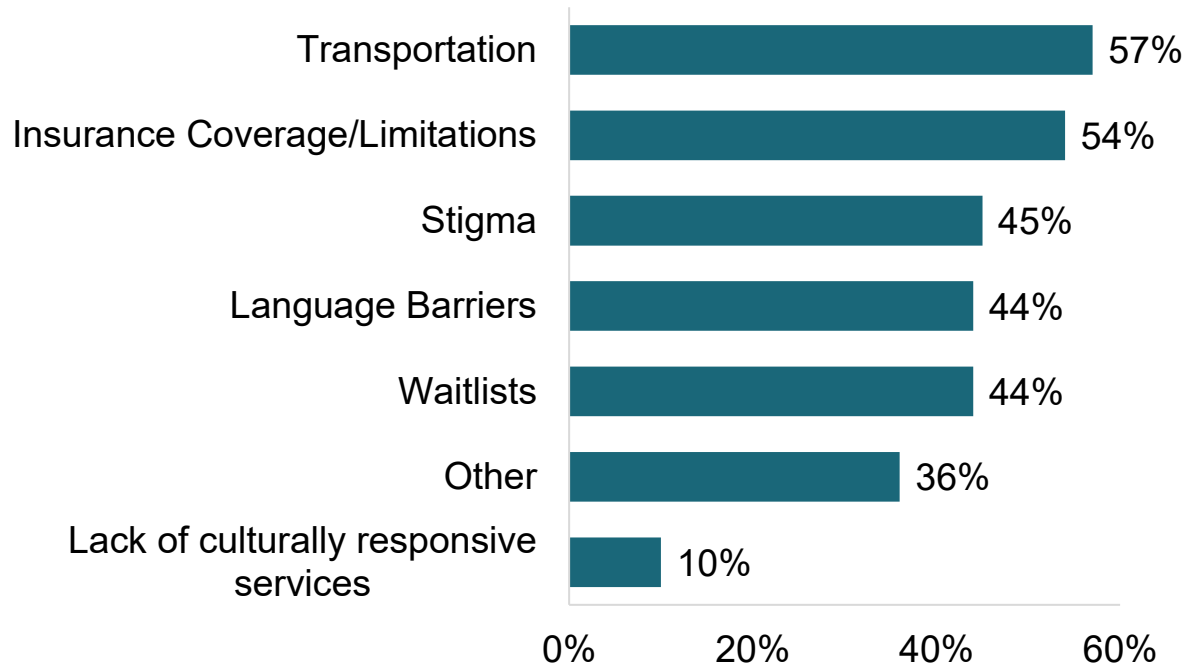
Implementation Challenges

- Insufficient funding for ongoing service delivery
- Referral volume exceeding capacity
- Billing/reimbursement/rate adequacy challenges
- Limited funding for emergency family needs and housing-related supports

Emerging Planning Considerations

- System prioritization of non-clinical supports that promote engagement and continuity of care
- Sustainable funding and reimbursement approaches for supportive services, including flexible funding approaches for practical family supports
- Expand capacity where demand exceeds current service availability
- Supports for specific populations (e.g., transition-age youth, caregivers)

Barriers to Access

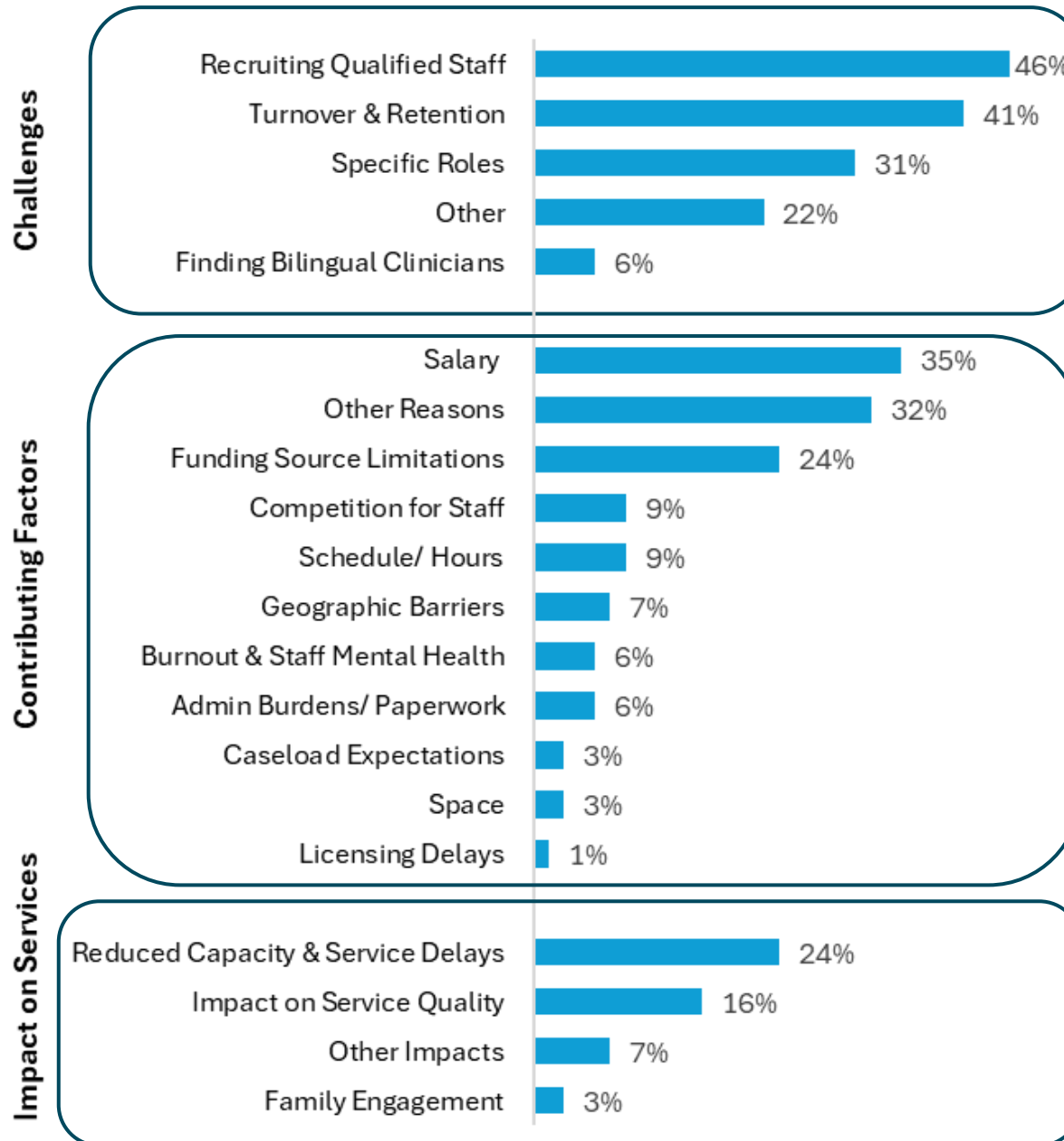


Open-Ended Text Responses

- **Transportation:** unreliable transportation options, particularly in certain regions
- **Insurance Coverage/Limitations:**
 - Reimbursement structures that limit flexibility
 - Lack of coverage of intensive in-home services and EDT by commercial payers
 - Insurance restrictions & high deductibles/copays
 - Low reimbursement, including extended unreimbursed hospital stays
- **Language Barriers:** Shortage of bilingual staff
- **Waitlists:** Higher levels of care and specialty treatment services (e.g., EDT, IOP, in-home supports, autism-specific evaluations)
- **Other:** Workforce shortages, scheduling constraints, childcare needs, eligibility criteria, costs, challenges identifying and navigating appropriate services, and broader socioeconomic factors (e.g., poverty, immigration)

Open-Ended Item

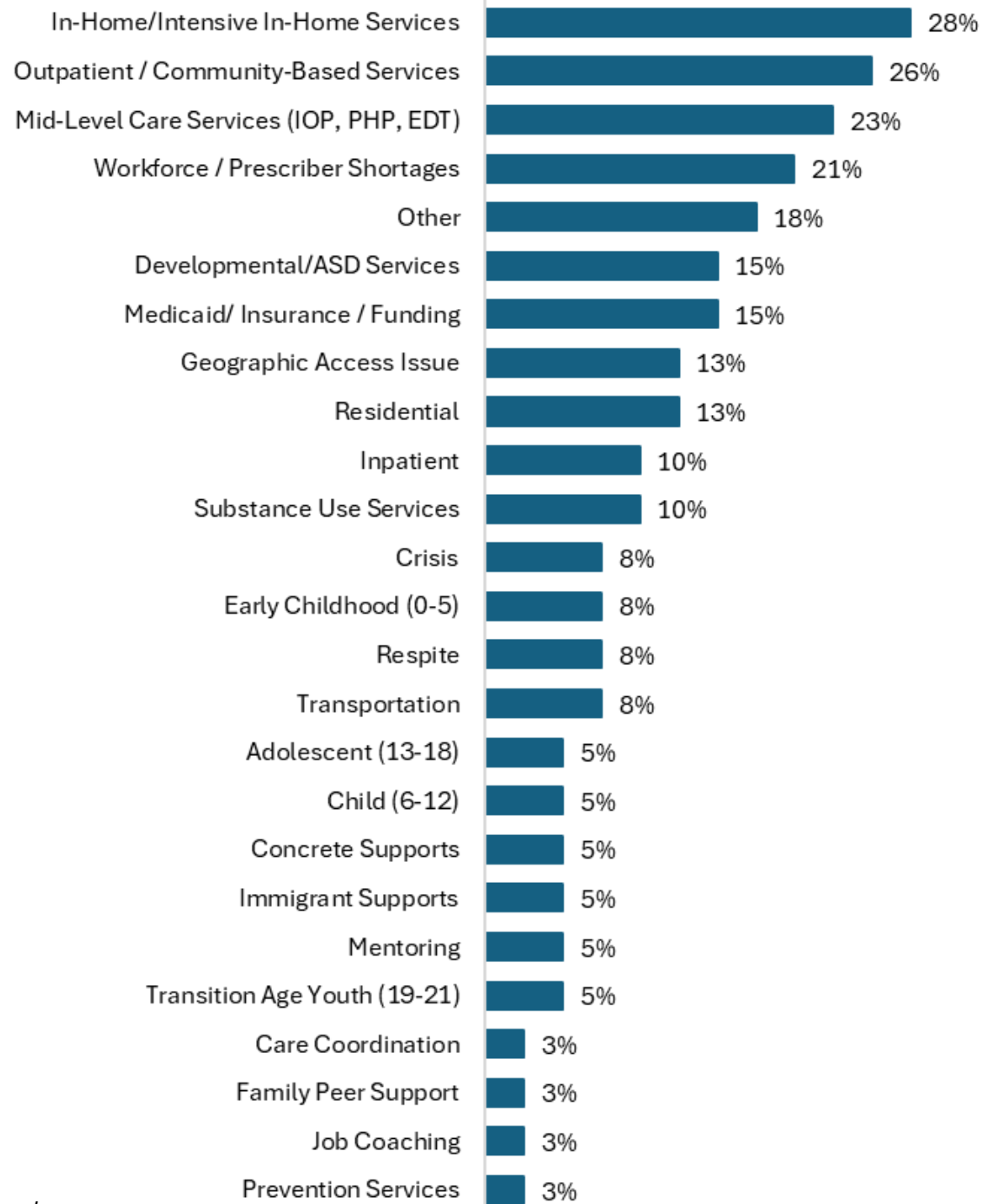
Workforce Challenges



Multiple codes could be associated with each response

Open-Ended Item

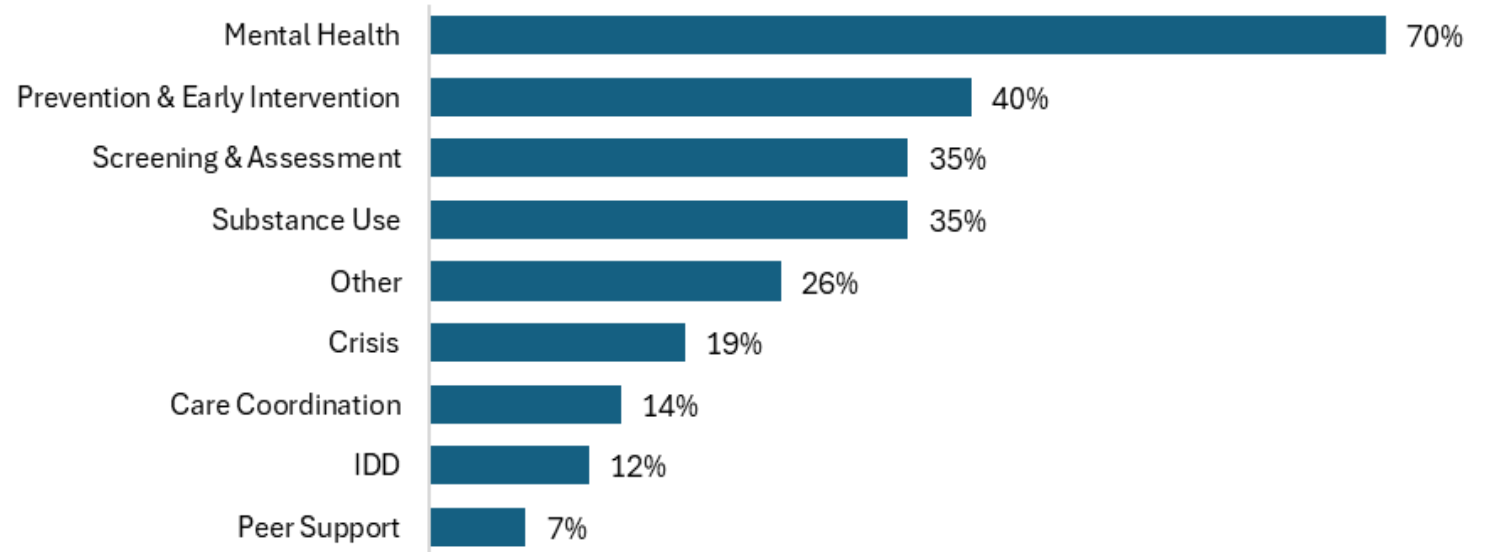
Unmet Needs



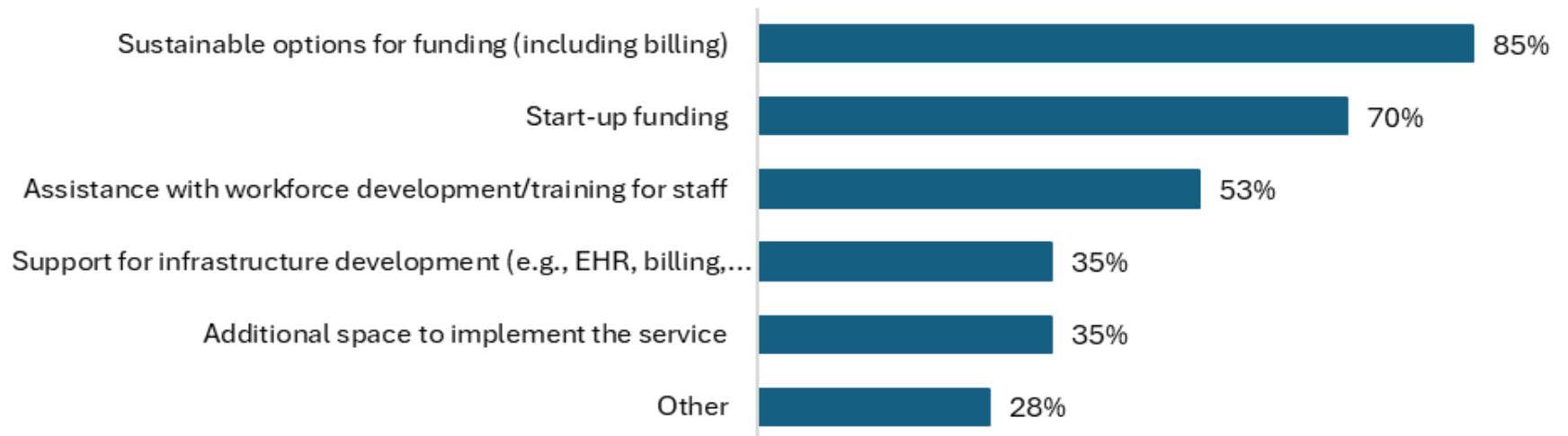
Note: 91 sites did not respond to this item. 16 duplicate responses were removed.

Interest in Expanding Services

Interest in Expanding Services, by Service Category (n=43)



Resources Needed to Expand Services (n=40)



Note: 103 sites did not respond to this item.

Next Steps

- Incorporate stakeholder feedback and refine interpretation of findings
- Synthesize cross-cutting themes and service-specific planning considerations
- Develop recommendations to support TCB planning efforts
 - Identify opportunities for collaboration across providers, state agencies, and system partners
- Final report – June 2026

