



Making connections. Informing solutions.

## **February System Infrastructure Workgroup Meeting**

February 17<sup>th</sup>, 2026

3:00-4:30PM

ZOOM

- 1. TCB Administrative Updates**
  - a. Workgroup Updates
  - b. Legislative Updates
- 2. Overview of Draft 2026 Workplan**
- 3. New Jersey/ CT Excel**

## **DRAFT 2026 ANNUAL SYSTEM INFRASTRUCTURE WORKGROUP WORKPLAN:**

*Workgroup Co Chairs: Alice Forrester & Jason Lang*

*\*Annual Workplans are developed from the 2025-2028 Strategic Plans and other priority areas and strategies identified in the strategic plan will be added to the workplan annually*

**Suggested Purpose Statement:** Build the capacity and coordination of the children’s behavioral health infrastructure to increase the effectiveness of and access to services that meet family needs. Effectiveness refers to data, governance, oversight, and accountability. Access refers to availability of a diverse set of services and trained service providers, the coordination of services, systematic knowledge, channels of communication, and funding for sustainability.

**Priorities:** Priorities identified are systems of care models and public children’s behavioral health data (access, quality, and outcomes). These priorities will be spearheaded through subgroups of the System Infrastructure workgroup.

### **Short Term Workgroup Goals:**

- Identify meeting schedule, frequency of meetings, and meeting presentations with the workgroup
- Identify and finalize workgroup priorities with feedback from the workgroup
- Review of 2026 TCB legislation with the workgroup, refine how this workgroup will monitor and track the passed legislation
  - For TCB recommendations that do not pass in legislation, the workgroup will identify how they would like to proceed on those specific recommendations.

### **Medium Term Workgroup Goals (2026):**

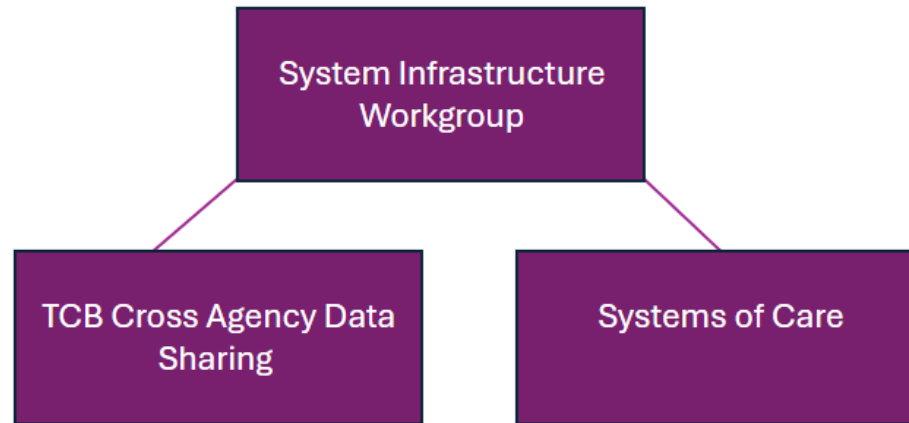
- Consistent monitoring of TCB 2026 passed legislation and updates on the status of the implementation progress will be given at every System Infrastructure workgroup meeting.
  - Collaborate with identified responsible state agencies and private organizations on progress of implementation, barriers, and needed adjustments.
- Develop Subgroups to spearhead the efforts identified in the priorities, including a Cross Agency Data Sharing Workgroup and a Systems of Care Subgroup
  - Updates from subgroups of the System Infrastructure Subgroups, such as progress of reports, data collected, and any barriers to projects, will be given to the larger workgroup throughout 2026.
  - Subgroups will present any potential legislative recommendations for the 2027 session to the larger workgroup.

- The workgroup will assess if recommendations should be brought forward to the larger TCB Committee.
- The TCB Cross Agency Data Sharing Work will be developed to focus on data infrastructure and quality improvement planning and implementation activities that support a whole population focus with an equity lens, with data intentionally collected, analyzed, and used to ensure that all children have access to effective behavioral health services.
  - The workgroup upon being enacted would develop a 3–5-year data agenda that would outline goals and next steps including but not limiting the following:
    - Identification and review of previous children’s behavioral health system data reports.
    - Develop a model/framework/structure for making data publicly available about the system and use of data for ongoing quality improvement and system/policy development.
    - Identify infrastructure needs and costs for data system development.
    - Map data elements available across the system and identify gaps.
    - Identify data requirements that could be made more efficient or reduced.
    - Develop clear guidance on data sharing and consent.
- The Systems of Care subgroup will be developed to further evaluate Systems of Care (SOC) by researching best SOC practices in other states, and evaluate Connecticut’s current system, with the goal of producing informative workshops for committee members, and a legislative package with recommendations for 2027.
  - Goals of this subgroup will include the following:
    - Create a crosswalk and/or summary of Summary of SOC best practices and exemplars (e.g. New Jersey, and/or other state examples mentioned in the UConn Innovations Governance Report), particularly in areas where CT has identified needs
    - Create a crosswalk and/or summary of current state of CT in comparison to SOC values/principles and best practices, with identified strengths and needs
      - Dependent on overall recommendations stemmed from conversations, evaluate the following;
        - Pros/cons/recommendations and next steps for creating a single point of entry in CT for CBH
        - Pros/cons/recommendations and next steps for CMOs/local wraparound hubs in CT
        - Pros/cons/recommendations and next steps for mid-level and step-down case management in CT
        - Pros/cons/recommendations and next steps for rapid access in-home clinical capacity in CT

*\*\*The development of 2027 recommendations is dependent on priorities, and progress within the group. If the group does come up with a set of recommendations, the decision to proceed with 2027 legislative recommendations package depends on committee and leadership feedback*

**Long-Term Workgroup Goals (2027-2028):**

- Utilize information from the workgroup to plan for 2026, 2027, and in subsequent years.



**DRAFT 2026 SYSTEM INFRASTRUCTURE WORKPLAN – SUBGROUPS**

Based on priorities of the subgroup identified in 2025, two subgroups will be enacted in 2026 that will lead the efforts of the priorities identified by the workgroup. Subgroups will have their own project plan that may be adjusted throughout 2026.

The subgroups of the System Infrastructure Workgroup include the following:

<b>Subgroup:</b>	<b>Intent and Background:</b>	<b>Scope of Work:</b>	<b>Interim Pulse Check with the TCB Meeting Due Date:</b>
<p><b>Cross Agency Data Sharing Workgroup</b></p>	<p>In 2025, the TCB had contracted with the Innovations Institute at the UConn School of Social Work to develop the <a href="#">Children’s Behavioral Health System Data Infrastructure and Use of Data for System Improvement Report</a>. This report, published in the Fall of 2025, recommends that <i>“Connecticut should establish a Children’s Behavioral Health Data Workgroup (“Data Workgroup”) with the expertise and capacity to plan and support strategies that strengthen the state’s behavioral health infrastructure, along with robust reporting mechanisms to ensure accountability.”</i><sup>1</sup></p> <p>The System Infrastructure Workgroup, based on the recommendation of the report, will develop a Cross Agency Data Sharing Workgroup.</p> <p>The Cross Agency Data Sharing Workgroup would include membership from Connecticut State Agencies, applicable entities, those with</p>	<p>The vision of the workgroup, would be to ensure high-quality publicly available data describing the range of services provided across the children’s behavioral health system are used for ongoing quality improvement and system development, including information about access, quality, effectiveness, and equity, while the data reporting burden on providers is limited to key data elements that will be used by the system. The ultimate purpose of this data is to inform consumers, providers, policymakers, and other stakeholders about the availability and quality of services in children’s behavioral health system.</p> <p>The workgroup upon being enacted would develop a 3–5-year data agenda that would outline goals and next steps including but not limiting the following:</p>	<p>May 2026</p>

<sup>1</sup> Farrell, J., Harburger, D. S., Zabel, M., Plant, R., & Shaw, T. V. (2025, September). Children’s Behavioral Health System Data Infrastructure and Use of Data for System Improvement. Innovations Institute, UConn School of Social Work. [https://www.ct.gov/app/dfs/20230703\\_Transforming%20Children's%20Behavioral%20Health%20Policy%20and%20Planning/20251022/Children%E2%80%99s%20Behavioral%20Health%20System%20of%20Data%20Report%20\(1\).pdf](https://www.ct.gov/app/dfs/20230703_Transforming%20Children's%20Behavioral%20Health%20Policy%20and%20Planning/20251022/Children%E2%80%99s%20Behavioral%20Health%20System%20of%20Data%20Report%20(1).pdf)

	<p>lived experience of the children’s behavioral health system, and providers of children’s behavioral health services. This workgroup would be chaired by a staff member from the Office of Policy and Management, as well as a representative from the TCB’s Community Voices Workgroup, to ensure those with lived experience are at the forefront of this effort. As noted in the Children’s Behavioral Health System Data Infrastructure Report, establishing this data workgroup with clear purpose, structure and expertise will be critical to close gaps and promote the effective use of data in the State of Connecticut.<sup>1</sup></p>	<ul style="list-style-type: none"> <li>• Identification and review of previous children’s behavioral health system data reports.</li> <li>• Develop a model/framework/structure for making data publicly available about the system and use of data for ongoing quality improvement and system/policy development.</li> <li>• Identify infrastructure needs and costs for data system development.</li> <li>• Map data elements available across the system and identify gaps.</li> <li>• Identify data requirements that could be made more efficient or reduced.</li> <li>• Develop clear guidance on data sharing and consent.</li> </ul> <p>Based on the findings of the subgroup, the subgroup will produce a potential legislative packet for consideration in 2027.</p>	
<p><b>Systems of Care Subgroup</b></p>	<p>In 2025, the System Infrastructure workgroup focused on <i>Systems of Care</i>. The workgroup had various presentations, including a meeting focused on the New Jersey’s System of Care. This subgroup will further evaluate the New Jersey System of Care, as well as other State examples,</p>	<p>The workgroup will identify the individuals with critical expertise needed for the subgroup, including but not limited to Community members, providers, State Agency Officials, and Behavioral Health Advocates.</p>	<p>May 2026</p>

	<p>and evaluate the programs and services offered through the comparison of state System of Care to what Connecticut has in place.</p>	<p>The subgroup will prepare to host multiple workshops on their findings in the summer of 2026, and present to the larger committee in the fall of 2026.</p> <ul style="list-style-type: none"> <li>• Goals of this subgroup will include the following: <ul style="list-style-type: none"> <li>○ Create a crosswalk and/or summary of Summary of SOC best practices and exemplars (e.g. New Jersey, and/or other state examples mentioned in the UConn Innovations Governance Report), particularly in areas where CT has identified needs</li> <li>○ Create a crosswalk and/or summary of current state of CT in comparison to SOC values/principles and best practices, with identified strengths and needs</li> <li>○ Dependent on overall recommendations stemmed from conversations, evaluate the following;</li> <li>○ Pros/cons/recommendations and next steps for creating a single point of entry in CT for CBH</li> </ul> </li> </ul>	
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## NJ/CT SOC Structure – What is needed?

Focus Area:	New Jersey:	Connecticut (ideas/ what we have/what needs to be replicated):
<p><b>Governance and Operating Model (State sets the rails; locals deliver)</b></p>	<p><b>CSOC sits inside NJ DCF</b> and runs a <b>statewide continuum</b> for youth under 21 with behavioral health, substance use, and I/DD needs. (<a href="http://NJ.gov">NJ.gov</a>). <b>County infrastructure is formalized</b></p> <p>NJ uses <b>Children’s Inter-Agency Coordinating Councils (CIACCs)</b> as a county-level mechanism to advise and coordinate a responsive, integrated SOC (with youth/family voice + agencies/providers). (<a href="http://NJ.gov">NJ.gov</a>)</p>	<p>A statutory/contractual state and county (or region) “SOC round table” with required membership, feedback loop to the state, and problem-solving authority (not just an advisory meeting).</p>
<p><b>Single Point of Entry (the “front door”)</b></p>	<p>NJ uses <b>PerformCare</b> as the <b>Contracted System Administrator (CSA)</b> and <i>single point of access</i> to the service array statewide. (<a href="http://NJ.gov">NJ.gov</a>). <b>Why this matters operationally</b> :One number/entry point reduces churn, duplication, and “wrong door” referrals.</p> <p>The CSA can standardize <b>eligibility, triage, prior authorization, provider network management, and data reporting</b> across the state.</p> <p><b>Entry sources:</b></p> <p>Families / caregivers (self-referral), Schools, Pediatricians / hospitals, Emergency departments</p> <p>Child welfare, Juvenile justice, Courts, Community providers.</p>	<p>A statewide ASO/CSA (or equivalent) with clear scope: intake/triage, authorizations, network adequacy, utilization management, and performance dashboards.</p>

	<b>All entries funnel to the same access entity</b>	
<b>The Core Service “Spine”: Mobile Crisis + Wraparound Care Management + Family Peer Support</b>	<p>NJ’s public-facing CSOC materials describe a <b>continuum</b> that includes (at minimum) mobile response, care management, and family support orgs, plus in-home/community services and residential when needed. (<a href="http://NJ.gov">NJ.gov</a>)</p> <p><b>1.Mobile Response &amp; Stabilization (MRSS)</b></p> <p>Operationally, MRSS is structured as:</p> <p><b>Immediate response period</b> (often described as an initial 72-hour intervention window) with clinical intervention, followed by <b>Stabilization management</b> (up to ~8 weeks) coordinating supports to keep youth safe at home when possible. (<a href="http://ubhc.rutgers.edu">ubhc.rutgers.edu</a>)</p> <p>NJ materials also describe response that can be <b>very rapid (potentially within an hour)</b> depending on circumstances. (<a href="http://njcpac.org">njcpac.org</a>)</p>	<p><b>We have 24/7 Mobile Crisis. We need defined crisis SOW (response time expectations), stabilization duration/episodes, and explicit ties to step-down services (IIC, BA, outpatient) so mobile crisis isn’t a “one-and-done.”</b></p>
<b>Care Management Organizations (CMOs) = local wraparound hubs</b>	<p>NJ’s CMOs are <b>county-based nonprofits</b> providing face-to-face care management for youth with complex needs, using <b>wraparound and the Child/Family Team process</b>. (<a href="http://PerformCare">PerformCare</a>). Access typically requires <b>prior authorization through PerformCare</b>. (<a href="http://PerformCare">PerformCare</a>)</p>	<p>Regional nonprofit care management entities (or contracted teams) with (1) wraparound fidelity expectations, (2) required Child/Family Team cadence, and (3) clear handoffs from mobile crisis/hospitals/schools.</p>

<p><b>Family Support Organizations (FSOs) = peer-led family navigation</b></p>	<p>FSOs are <b>family-run, county-based</b> and provide <b>peer support, education, and advocacy</b>; families can call them directly or enter via the CSA. (<a href="http://NJ.gov">NJ.gov</a>)</p>	<p><b>Peer-led family orgs with stable funding, defined deliverables (peer-to-peer support, system navigation, training), and a tight interface with care management.</b></p>
<p><b>Mid-level and “Step-Down” Case Management (important for right-sizing)</b></p>	<p>NJ also runs <b>Youth Case Management (YCM)</b> as a <b>moderate level</b> of community case management for multi-system youth with moderate need. (<a href="http://NJ.gov">NJ.gov</a>)</p>	<p>Don’t make wraparound the only case management tier. Build a lower-intensity option so the high-intensity team is reserved for truly complex youth.</p>
<p><b>High-volume home/community services that make the model work</b></p>	<p>A big operational lesson from NJ is: mobile crisis + wraparound fail without <b>rapid-access in-home clinical capacity</b>.</p> <p>Example: <b>Intensive In-Community (IIC)</b> is defined as short-term, goal-oriented clinical intervention delivered in-home or in community settings by licensed clinicians, intended to stabilize and deter higher levels of care. (<a href="http://PerformCare">PerformCare</a>).</p>	<p>Contract for enough IIC-like capacity and measure “time-to-first-appointment” after crisis referral.</p>