Connecticut BHP
Supporting Health and Recovery

Administered by
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Behavioral Health

Certified Communi
Behavioral Health Cli

March 2026

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Chapter

01

What is a CCBHC?

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What is a CCBHC? (Certified Community Behavioral

1. Comprehensive Care Hub

Full continuum of behavioral health services, including 24/7 crisis response, mental
treatment.

2. No Wrong Door Access

Serves anyone regardless of insurance or ability to pay, with rapid intake, and same

3. Integrated, Whole-Person Approach

Coordinates with primary care, hospitals, schools, courts, and social services, addre
and social needs together.

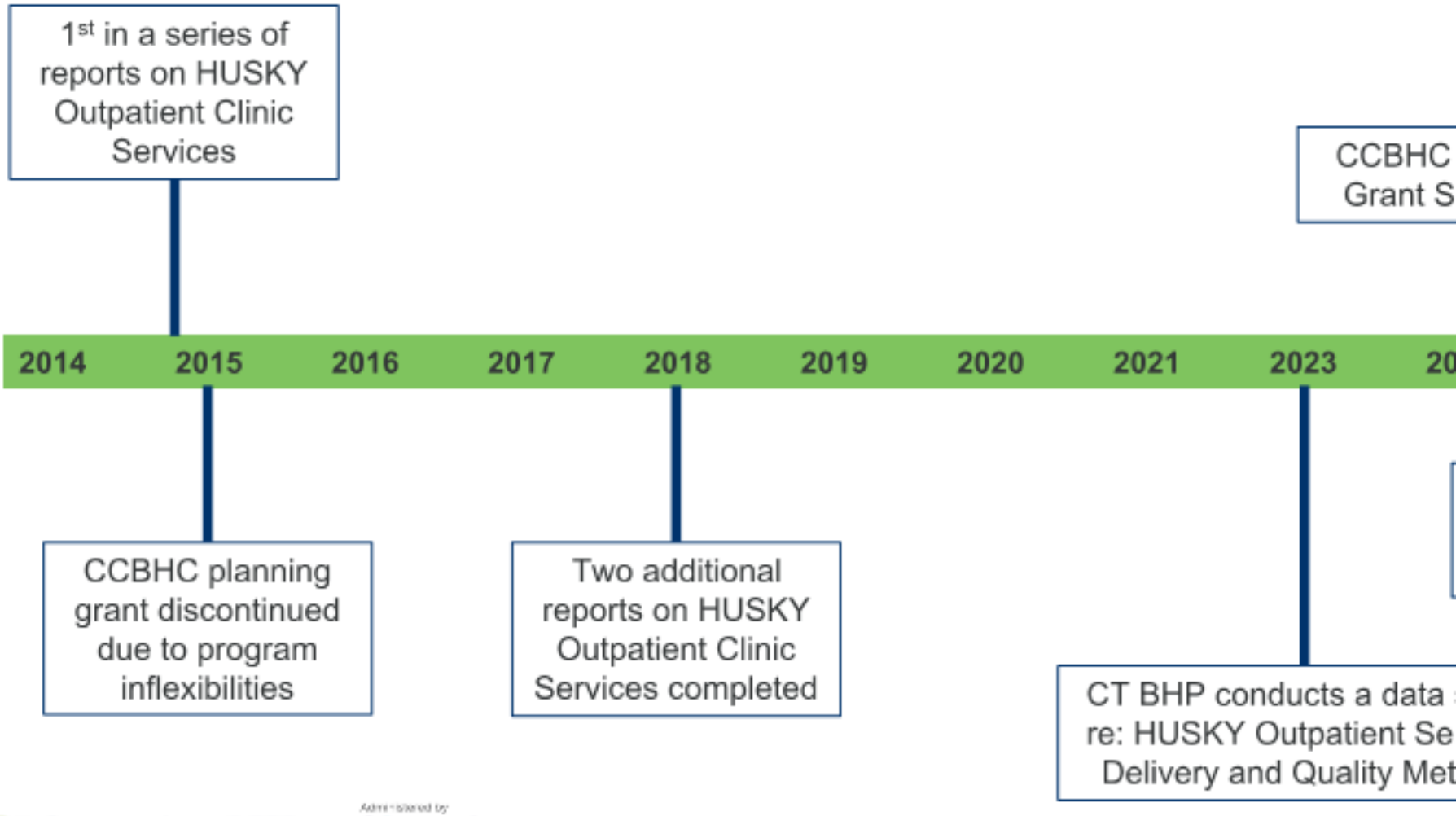
4. Evidence-Based, Quality-Driven Care

Trauma-informed practices, standardized assessments, and required quality reporti

5. Sustainable Funding Model

Enhanced Medicaid Prospective Payment System (PPS) or SAMHSA grant funding
stability, and expanded community services.

CCBHC History and Timeline



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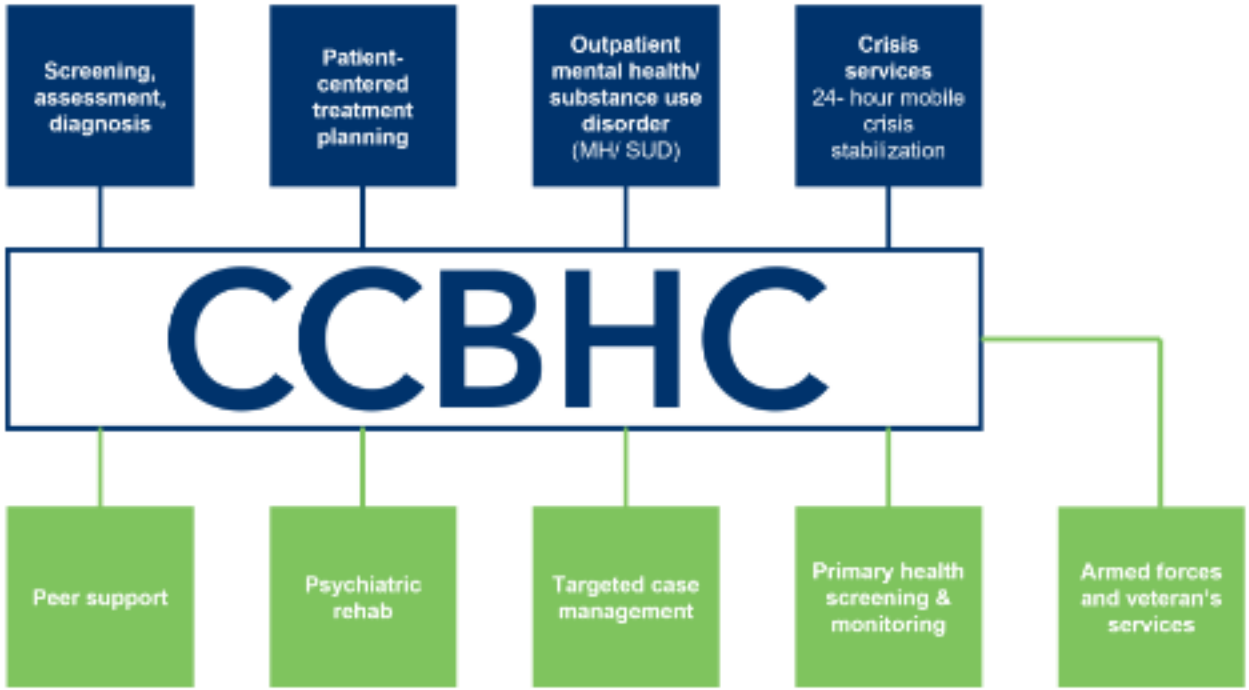
CCBHC Scope of Service



1. Crisis services
2. Outpatient mental hea services
3. Person- and family-ce
4. Community-based me
5. Peer family support ar
6. Targeted care manage
7. Outpatient primary ca
8. Psychiatric rehabilitati
9. Screening, diagnosis a

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CCBHC Program Requirements

1. Staffing
2. Availability and accessibility of services
3. Care coordination
4. Scope of services
5. Quality and other reporting
6. Organizational authority, governance, and accreditation

Chapter

02

Connecticut Context and Statewide Ne Assessment

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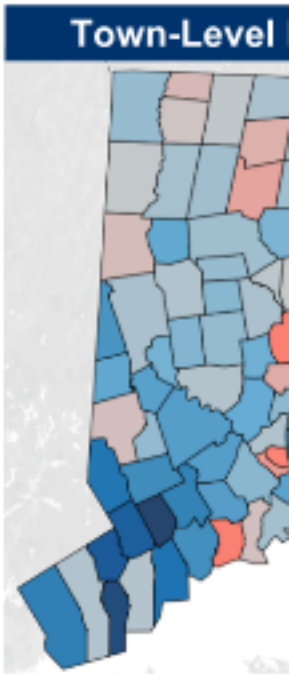
Connecticut

- CT takes pride in the quality and effectiveness of its behavioral health system. C
  of the "healthiest" states with a top-performing healthcare system.
- Healthcare coverage rates in CT are higher than the U.S. average.
- HUSKY Health members show above-average performance on many metrics of
  and Medicaid Services (CMS).

However, there are notable gaps within the state:

- gaps in access to high quality and timely behavioral health services
- the income inequality in CT is 3rd highest in the U.S.
- there are large gaps regarding:
  - income
  - access to (quality) healthcare
  - social drivers of health (SDoH)
  - MH and SUD services
  - food deserts (areas lacking access to healthy food options)



CT Population at a Glance

- CT has approximately 3.6 million residents (3rd smallest state by area, but 4th most densely populated).
- There are two federally recognized Native American Tribal Communities and three smaller state-recognized ones.
- CT demographics are similar to the national composition.
- A concentration of the CT population lives in urban areas.
- In comparison to the total CT population, CT's HUSKY Health population (~1M) has an overrepresentation of youth, women, and people identifying as Black and/or Hispanic.

Demograph	
Total population	
Race	
White	
Black or African Am	
American Indian/A Native	
Asian	
Native Hawaiian ar Other Pacific Islanc	
Two or More Races	
Unknown	
Hispanic	
Hispanic or Latino	
Non-Hispanic	
Age group	
Children (under 5)	
Children (19 or you	
Adults (20 and ove	
Older Adults (65 ar	
Sex	
Female	
Male	

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Conducting a Statewide Needs Assessment

- A **needs assessment** is a tool to systematically identify and address gaps betwe and desired outcomes. By collecting, analyzing, and synthesizing information, a helps organizations, communities, and states to determine priorities and allocate their goals.
- On behalf of the CT BHP, Carelon BH CT conducted a statewide needs assessment to identify gaps and needs on a macro level.
- Each CCBHC will be required to conduct a needs assessment of the community they serve. Carelon BH CT and NCQA will support providers with their community needs assessment.

Chapter

03

Structural Ba and Strengt

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Social Drivers of Health

Health outcomes and quality of life are strongly influenced by a range of non-medica
drivers of health (SDoH) and other "upstream" factors can contribute to health dispar
health, and substance use.

Common SDoH

- **Poverty:** Despite CT being one of the richest states in the country, 40% of adults experience financial, food, and housing insecurity. CT ranks 29th for children living in high-poverty ZIP codes.
- **Unstable housing:** 4% (*n* = 22,829) of HUSKY Health adults and 1% (n = 3,701) of HUSKY Health youth experienced unstable housing in CY 2024. Rates tend to be higher for LGBTQ+ youth (3% - 5%).
- **Transportation and food:** Residents in urban core areas face elevated levels of both transportation insecurity (23%) and food insecurity (28%), compared to residents in suburban and wealthy towns.

Educa
Acces
Quali

Economic
Stability

Outcomes

- **Life expectancy:** 20-year difference in the life expectancy between people living urban communities and those living in affluent White suburbs.
- **Chronic illness:** Rates of chronic illnesses (e.g., asthma, diabetes, and hyperte communities of color and in lower-income areas.

Workforce Shortages

- **Need for mental health (MH) care:** An estimated 50,000+ adults in Connecticu
  care. People living below the poverty line reported more unmet needs (around 4
- **Need for MH professionals:** Only 19% of the population's need for mental heal
  placing CT near the bottom nationally (38th) for provider capacity.
- **Geographic challenges:** More than 1.5 million residents lived in areas designat
  Professional Shortage Areas (HPSAs), signaling widespread provider inaccessib
- **Lack of HUSKY Health providers:** Significantly fewer behavioral health provide
  members compared to those serving individuals with commercial insurance.
- **Staff retention:** Over 80% of nonprofit behavioral health providers reported diffi
  faced lengthy waitlists, and program cuts were common.

Cultural Composition

- **Culture:** Connecticut's cultural and linguistic diversity were concentrated in its urban centers and coastal areas, where multiple languages were spoken and multicultural communities reside.
- **Language:** Approximately 22% of CT residents spoke a language other than English at home. Most common language was Spanish (roughly 15% of the state population), other prevalent languages included Portuguese, Polish, Italian, Mandarin, and French Creole (especially Haitian Creole).
- **Hispanic origin:** Hispanic residents (i.e., of Puerto Rican, Dominican, and Mexi about 17% of CT's population.
- **Asian Americans:** Asian American communities (especially of Chinese, Indian, descent) are growing, particularly in Fairfield County and around university town Haven.

Chapter

04

Recommend
Based on the
Statewide Ne
Assessment

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Areas of Recommendations

1. Five **access to care** recommendations
2. Four **workforce** recommendations
3. Four **care delivery** recommendations
4. Four **prevention** recommendations
5. **Populations** to **focus** on

Access to Care Recommendations

- **Recommendation 1: Expand Access in Underserved Regions**
- Prioritize service expansion in rural and urban areas with a Health Professional S (HPSA) designation.

- **Recommendation 2: Increase Access to Substance Use Disorder Tre**
- Expand access to medication for opioid use disorder (MOUD) in areas with low pr and poor public transportation, and promote mobile treatment units or community- for hard-to-reach areas.

- **Recommendation 3: Expand School and Youth-Centered Interventio**
- Focus preventive care and treatment services on adolescents by partnering with s embedding BH staff, including trauma-informed practices.

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Access to Care Recommendations Cont.

- **Recommendation 4: Embed Behavioral Health in Primary Care Setti**
- Co-locate or integrate behavioral health services within primary care practices, es areas.

- **Recommendation 5: Launch Mobile Behavioral Health Units**
- Develop mobile clinics for behavioral health outreach, screening, and treatment in particularly rural and transportation-limited communities.

Workforce Recommendations

Recommendation 1: Strengthen Workforce Capacity

Address workforce shortages through enhanced recruitment, student loar repayment programs, and improved reimbursement rates for providers accepting HUSKY Health.

Recommendation 2: Improve Cultural and Linguistic Responsiveness

Recruit and train bilingual and bicultural staff and ensure that interpretation services and culturally tailored care are available.

Recommendation 3: Invest in Peer Support and Community Navigators

Train/deploy peer specialists, family navigators, and community health workers who between clinical care and community-based supports.

Recommendation 4: Establish/Support Community Advisory Boards

Formalize client and community advisory groups to guide program planning, ensure and build trust with historically marginalized populations.

Care Delivery Recommendations

Recommendation 1: Enhance Care Continuity After Acute Episodes

Implement proactive follow-up systems to ensure timely outpatient care after emerg
inpatient behavioral health discharges.

Recommendation 2: Integrate Care for Co-Occurring Conditions

Develop programs that integrate physical and BH services for people with co-morbi
occurring conditions, especially for people with SDoH.

Care Delivery Recommendations Cont.

- **Recommendation 3: Implement Culturally Specific Programming**
- Support the development of culturally specific mental health programs, culturally t psychoeducation, peer support groups, and outreach materials to increase engag and reduce stigma.

- **Recommendation 4: Develop Targeted Outreach for High-Risk Popu**
- Establish partnerships with the Veterans Affairs (VA) to improve services for veter develop affirming care for people in the LGBTQ+ community, and support other p higher risk of developing MH diagnoses (e.g., HUSKY Health members, people experiencing homelessness, young adults at risk for CHR-P, and people identifyin Black and/or Hispanic).

Prevention Recommendations

- **Recommendation 1: Identify and Address SDoH**
- Screen for and respond to key SDoH, establish partnerships to address SDoH, en
  and case managers in CCBHC are trained to provide resources related to SDoH.

- **Recommendation 2: Build Stronger Community Collaborations**
- Partner with schools, faith-based organizations, housing providers, correctional sy
  service agencies to create a seamless continuum of care.

Prevention Recommendations Cont.

- **Recommendation 3: Promote Cross-System Data Sharing and Healt**
  Exchanges for Care Coordination
- Invest in systems that allow for real-time data sharing and coordination between b
  medical, housing, and social service providers.

Recommendation 4: Strengthen Family Engagement and Education

Develop family psychoeducation groups and support services for caregivers and loved ones.

Chapter

05

Populations Focus on

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Potential Focus Populations

Population Description	Rationale
A. Individuals with an opioid use disorder who may be less able/likely to access medications for opioid use disorder (MOUD) due to limited service-capacity in their region of the state, or other barriers.	MOUD (Methadone or buprenorphine) are the best trea with opioid problems, but many people who need them helpful medications. The needs assessment across the people used these treatment differently based on their easier for people in underserved areas to get these tre improving transportation, using mobile vans, and reach we can really help people get better, avoid overdoses,

Potential Target Populations

Population Description	Rationale
D. Youth and adults that identify as LGBTQ+.	A lot of LGBTQ+ kids and young adults say they feel anxious (69%) and about suicide (42%) or try to end their own lives (11%). More than half o time getting the mental health care help they need. One big problem in most systems do not have a good way to identify who they are, and son against efforts to support diversity and inclusion.

Potential Target Populations

Population Description	Rationale
H. Young adults with a first episode psychosis.	Young adults who have their first episode of psychosis (FEP) need avoid having serious problems later. Usually, it takes a long time fo care they need. However, there is a lot of proof that getting help ea lives better and keep them healthier.

Chapter

06

Questions and Discussion

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Please complete the survey

- Use the QR code

  or

- Click **HERE**

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Feedback on Potential Target Populations

Population
A. Individuals with an opioid use disorder who may be less able/likely to access medications for op disorder (MOUD) due to limited service-capacity in their region of the state, or other barriers.
B. School-age youth who are at higher risk for anxiety, depression, and traumatic stress.
C. Individuals residing in urban and rural areas of the state that are designated Health Professiona Areas (HPSAs).
D. Youth and adults that identify as LGBTQ+.
E. Individuals who are unstably housed and struggle with co-occurring mental health, substance u medical disorders.
F. Preschool age children
G. Individuals with various types of disabilities
H. Young adults with a first episode psychosis
I. Veterans
J. Older adults
K. Individuals residing in areas of the state that rank high on the Area Deprivation Index (ADI).*
Other:

*Due to space constrictions, this target population is not inclu

Additional Questions

- What community-based programs or practices does CT most n
  or expand to better meet the community's needs?
- What are the 1 or 2 things that would most improve the ability
  behavioral health clinics to more effectively serve their commu

Thank You

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