

September 16, 2026 BHP Child/Adolescent Quality, Access & Policy Committee Zoom Meeting

Meeting summary

Quick recap

The meeting featured presentations on school mental health initiatives by CHDI staff, who detailed various programs such as SHAPE, Connect4, CBITS, Bounce Back, Trauma Screen Time, and the School-Based Diversion Initiative. They discussed the importance of team-based approaches, data-driven assessments, and family engagement in improving school mental health systems. Karen Snyder then shared her experience as a court monitor for a Medicaid lawsuit in Massachusetts, highlighting the development and impact of intensive care coordination and family partner models. The group discussed the potential for similar models in Connecticut and the challenges of integrating services across systems. The meeting also included a discussion on the frequency of oversight committee meetings and the need for more streamlined reporting structures. Finally, participants raised topics for future exploration, such as CCBHCs, data platforms, and hospital pressures related to youth mental health.

Next steps

Dr. Stephney Springer

- [Discuss offline with Hector to better understand the thinking behind the concern regarding IICAPs and four-year-olds.](#)

Hector Glynn

- [Respond to Bernetta Henry regarding the unanswered email after the meeting.](#)
- [Request a presentation from state partners \(Carelton\) on Certified Community Behavioral Health Clinics \(CCBHCs\).](#)
- [Request a review from Carelon/state agencies regarding practices around IICAPs and four-year-olds.](#)
- [Request a presentation on the pressures faced by area hospitals and the impact of UConn taking over Solnet.](#)
- [Send out the Office of Legislative Research report on oversight bodies to the committee for review and discussion.](#)

Summary

IICAPS Network Services Discussion

The main discussion focused on a presentation about IICAPS network services for young children, where Co-Chair Hector Glynn reported an informal observation that the rejection rate for four-year-olds entering IICAPS may have increased since the previous June presentation. The meeting was in

progress with two CHDI staff members scheduled to present, though the transcript ended before the presentation began.

School Mental Health Systems Presentation

Jeana Bracey from the Child Health and Development Institute presented on opportunities for restorative and comprehensive school mental health work, co-presenting with Rosie Breindel. The presentation covered CHDI's building blocks for comprehensive school mental health systems, including assessment and planning, the Connecting to Care Initiative, peer support programs, trauma treatment work, and school-based diversion initiatives. The presentation was offered as a resource for various stakeholders including clinicians, school administrators, teachers, parents, and caregivers who have connections to schools.

Connecticut School Mental Health Initiatives

Rosie presented Connecticut's school mental health initiatives, explaining how schools can build sustainable teams using a framework modeled after the National Center for School Mental Health's comprehensive model. She detailed the SHAPE assessment system that helps schools evaluate their mental health strengths and gaps and introduced the Connect4 initiative which provides federal funding to integrate schools with community-based behavioral health networks across 80 participating schools statewide. Rosie also described the Students Supporting Students pilot program, a peer support initiative where trained middle and high school students help recognize mental health signs in peers and connect them with trusted adults. Two upcoming Listen and Learn sessions were announced for September 23rd and 29th for interested professionals to learn more about these initiatives.

CHDI School Mental Health Initiatives

Jeana Bracey presented on three key CHDI school mental health initiatives: CBITS/Bounce Back trauma screening and intervention programs, Trauma Screen Time training for school staff, and the School-Based Diversion Initiative (SBDI). The presentation highlighted positive outcomes from these programs, including high completion rates and symptom reduction, with SBDI showing a 28% decrease in court referrals and reaching over 91,000 students across 82 schools. Jeana emphasized that school mental health requires collaboration across teams and partners, noting that CHDI has worked with 301 schools across Connecticut through these initiatives.

School Mental Health Initiatives Presentation

Jeana presented on school-based mental health initiatives, discussing programs like CBITS Bounce Back and SBDI. She addressed questions about connections with school-based health clinics, youth groups, and family engagement, explaining that dedicated staff positions focus on youth and family engagement through listening sessions and resource development. Jeana also noted a significant drop in CBIT screenings from 2024 to 2025, attributing it partly to changes in participating schools

and potentially saturation, though she agreed to follow up with more specific data. The conversation ended with Jeana mentioning an upcoming landscape analysis report on school mental health and Hugh adding context about rising youth suicide rates, leading to an introduction of the next presenter Karen Snyder.

Mental Health Service Implementation Review

Karen Snyder presented her experience as a court monitor for a 13-year Medicaid lawsuit in Massachusetts that led to the implementation of intensive care coordination (ICC) and family partner services. She described how these services were rolled out statewide rather than area by area, with organizations selected through a competitive process to provide ICC, family partners, and other services across Massachusetts. The program included comprehensive data collection and family treatment plan reviews involving multiple stakeholders, with families reporting that having both ICC and family partners made accessing necessary support significantly easier. The committee discussed potentially moving from monthly to every-other-month meetings, with members expressing mixed opinions. Some valued the monthly meetings for accessing valuable information and presentations, while others noted that not all meetings provided informative content. The group also discussed the need to better coordinate with state partners and ensure meaningful content for decision-making. Action items included requesting a presentation on Certified Community Behavioral Health Clinics (CCBHCs), reviewing practices within IICAPs and for four-year-olds, and exploring data collection and tracking platforms. The committee will vote on the meeting schedule change at the next meeting.

Attendees: David Kaplan, Neva Caldwell, Jennifer Nadeau, Maureen O'Neill Davis, Amy T. Soto, Erika Sharillo, Kally Moquete, Maria Brereton, Hector Massari, Christian Rodriguez, Dr. Stephney Springer, Steve Girelli, Danielle Knox, Sean King, Ellender Mathis, Hector Glynn, Beth Klink, Lois Berkowitz, Beth Klink, Brenetta Henry, CT-N, Danielle Knox, Donyale Pina, Jennifer Nadeau, Liz Sitler, Maria Brereton, Paulo Correa, Tanja Larsen

Key Outcomes

CHDI School Mental Health Initiatives

- **Comprehensive Framework:** CHDI utilizes a framework modeled after the National Center for School Mental Health to build infrastructure and capacity within schools.
- **SHAPE Assessment:** A web-based "behavioral health report card" used by schools to identify strengths and gaps in mental health policies and practices.
- **Connect for Initiative:** A SAMHSA-funded grant involving nearly 80 schools to integrate school and community-based behavioral health networks.
- **Students Supporting Students (Triple S):** A peer support pilot program training middle and high school students to recognize mental health symptoms in peers and connect them to trusted adults.

- **Trauma Interventions:** Implementation of **CBITS** (middle/high school) and **Bounce Back** (K-5) group interventions, showing significant PTSD symptom reduction (59.4% and 68% respectively).
- **School-Based Diversion Initiative (SBDI):** A long-standing program aimed at reducing exclusionary arrests and suspensions through restorative practices; it has seen a 28% decrease in court referrals.

Massachusetts Medicaid Case Study

- **Court-Ordered Remedies:** A 13-year court monitoring process led to the mandatory development of **Intensive In-home Care Coordination (IICC)** and **Family Partner** positions.
- **Systemic Impact:** The model shifted from fragmented care to a designated lead agency system where families could easily find and access accountability for care.
- **Outcomes:** The initiative successfully reduced hospital admissions by intervening at the emergency department level and creating community treatment plans.
- **Data Integration:** Massachusetts implemented a highly transparent, public data set allowing tracking of service episodes and outcomes by child, family, and school system.

Feedback and Open Questions

- **Family Engagement:** Concerns were raised regarding the lack of meaningful family engagement within Connecticut's current systems of care.
- **Data Portals:** A request was made for the body to explore centralized data platforms similar to the Massachusetts model to improve tracking and family benefit.
- **IICAPs Access:** There is an ongoing discussion regarding reported increases in rejection rates for four-year-olds entering IICAPs.

Action Items

- **Hector:** Request a review of practices regarding IICAPs and four-year-olds from state agencies.
- **Hector:** Request a presentation on **CCBHCs** (Certified Community Behavioral Health Clinics) and current work from state partners and Carelon.
- **Hector:** Request a presentation on the pressures facing area hospitals and the status of kids "stuck" in the system.
- **Rosie Breindel**
<https://www.chdi.org/news/news-and-blog/2026/back-to-school-mental-health-resources-2026>
- **Rosie Breindel**
[Trauma Screen TIME schools course](#)
- **Rosie Breindel**
[Family Engagement Toolkit](#)

