

September 9, 2026 Behavioral Health Partnership Oversight Council (BHPOC) Zoom Meeting

Meeting summary

Quick recap

The Behavioral Health Partnership Oversight Council meeting focused on updates and concerns related to the implementation of HR-1, particularly its impact on SNAP and Medicaid programs in Connecticut. Peter Hadler from DSS presented detailed information on the changes to work requirements, eligibility, and the resulting loss of benefits for many residents, including the shift in SNAP eligibility and the upcoming Medicaid work requirements. The meeting also addressed the financial and human impacts of these changes, with discussions on potential benefit cliffs and increased uncompensated care for hospitals. Various state agencies and organizations provided updates on their initiatives, including events for National Recovery Month, new peer support programs for youth, mental health resource kits for schools, and grants to support students with intensive needs. Committee reports covered recent meetings and topics such as Medicaid data analysis, rural health transformation, and licensing exam challenges for social workers. The conversation ended with reminders about upcoming events and a note on the potential change to the council's meeting schedule.

Next steps

Alice Forrester

- [Reach out to Fatmata Williams or Suzette DeBeatham to explore partnership opportunities for peer counseling and community health worker professions, as discussed.](#)

Janine Sullivan-Wiley

- [Forward any questions or concerns about the proposed every-other-month meeting schedule to David Kaplan for the Executive Committee to address before the vote at the next meeting.](#)

Peter Hadler

- [Pull together and socialize the recent CMS guidance regarding the five-year rule for individuals in methadone treatment, in response to Heather Gates' question.](#)
- [Discuss with the Department of Labor about potential challenges related to volunteer opportunities and Department of Labor regulations, as raised by Janine Sullivan-Wiley.](#)

Sabrina Trocchi

- [Ensure that Carelon sends the slides from the Adult Quality and Access Policy Committee meeting to David Kaplan.](#)

Collaboration

- [All Oversight Council Members: Consider the proposal to move the full council meetings to an every-other-month schedule and be prepared to vote on it at the next meeting on October 14th.](#)

Summary

Behavioral Health Partnership Council Meeting

Co-Chair Janine Sullivan-Wiley opened the Behavioral Health Partnership Oversight Council meeting by announcing the passing of Dr. Donna Belaski and requesting a moment of silence in her memory. Fatima Williams introduced the new Medicaid Director, Addie Stromolo, who shared her background in Vermont's Medicaid program. Janine proposed moving future meetings to every other month starting January 2027, pending full council vote at the next meeting, and requested feedback be sent to David Kaplan. The conversation ended with Peter Hadler preparing to present on HR-1 implementation.

SNAP and Medicaid Program Changes

Peter Hadler presented on changes to SNAP and Medicaid programs implemented through HR-1, focusing on new work requirements and exemptions. He explained that able-bodied adults ages 18-64 now must meet work requirements or establish exemptions to maintain SNAP benefits, with those who do not comply limited to three months of benefits every 36 months. Peter detailed Connecticut's response, including \$23 million allocated to food pantries, \$4.1 million for community navigators, and \$8.5 million for one-time grocery cards for those impacted by benefit losses. He also outlined upcoming Medicaid work requirements starting January 1, 2027, which will affect HUSKY D enrollees, with medically frail populations being a significant category for potential exemptions.

CMS Medical Frailty Rule Changes

Peter explained that CMS issued a 387-page interim final rule in June that narrowed the medical frailty definition by requiring conditions to significantly impair an individual's ability to work or meet work requirements, adding complexity to the process. He noted that CMS specified using claims data from the past 12 months and allows self-attestation for eligibility components in calendar year 2027. Peter also highlighted changes to substance use disorder exemptions and discussed the impact on the at-risk population of approximately 110,000 people, with higher concentrations in rural areas. He mentioned that everyone in HUSKY D will need to go through a renewal process every six months starting January 1st, and that individuals under certain lawful immigration statuses will no longer have access to Medicaid starting October 1st.

Medicaid and SNAP Coverage Changes

Peter presented information about upcoming changes to Medicaid and SNAP coverage due to HR-1, explaining that approximately 4,000 adults from Micronesia and the Marshall Islands will lose Medicaid coverage on October 1st. He outlined that while children and refugees will continue to receive benefits, adults will need to meet work requirements or qualify for exemptions, with documentary proof required starting in 2028. Peter described ongoing outreach efforts including a website with toolkits for partners, pre-screener tools for clients to determine their eligibility status, and required notifications being sent to Husky D clients through various channels including email, text, and mail.

Benefits and Policy Impact Discussion

Co-Chair Janine Sullivan-Wiley raised concerns about the potential impact of income increases on other benefits like housing supports and asked about analysis of benefit cliffs. Peter explained that the state has analyzed benefit cliffs and is working to soften them through initiatives like graduated benefits in the SNAP program and transitional assistance. Heather Gates from CHR inquired about the application of the five-year methadone rule for long-term patients, and Peter agreed to provide clarification on this recent guidance. Janine also questioned whether there had been discussions between DSS and the Department of Labor regarding potential volunteer opportunities, though this topic was not fully addressed in the transcript.

New Legislation Implementation Discussion

The meeting focused on discussing the implementation of new legislation and its potential impacts on employment, training programs, and community services. Janine raised concerns about the timing of benefits ending and the potential strain on food banks and law enforcement, while Alice Forrester suggested exploring opportunities for peer counseling and community health worker professions as volunteer and training pathways. Peter and Fatmata Williams noted ongoing efforts to collaborate with United Ways and community action agencies to centralize volunteer and employment opportunities, and they encouraged further partnerships, including with community health worker associations. Janine emphasized the importance of monitoring unintended consequences and requested updates on emerging impacts and positive outcomes.

HR-1 Financial Impact Tracking

Peter confirmed that the team is tracking the financial impact of HR-1 changes, including both direct state budget effects and lost federal funding, particularly noting that the HUSKY D program receives approximately 80% federal funding. He explained that while some short-term state savings may occur from reduced federal funding, these programs will need to be replaced by state resources, creating a significant financial burden. Peter clarified that while some changes take effect October 1st for non-citizen populations, the more substantial impacts on the 300,000-person HUSKY D program will begin in January 2027 as people's eligibility periods end, with implementation occurring

gradually throughout the year. He acknowledged that while January 1st is an important milestone, it's not the end of the implementation process, and the state will continue to learn and improve the eligibility processes over time.

Healthcare and Community Updates Meeting

Allison Matthews Wilson from the Connecticut Hospital Association explained their work with DSA on uncompensated care projections and discharge issues for vulnerable patients. Rob Haswell announced upcoming community events including the Recovery Month Community Day and Veterans Stand Down, while noting the 25th anniversary of the 9/11 attacks. Dr. Stephney Springer reported on new initiatives including the Young People Peer Support program for ages 12-17 and an upcoming infant and early childhood mental health campaign. The committee reports included updates on Medicaid data analysis showing increases in housing instability and emergency department usage among behavioral health populations, and discussions about licensing exam challenges for social workers that were not addressed in the recent legislative session.

Attendees: David Kaplan, Alice Forrester, Addie Strumolo (CT), Unalissa Suncar, Cristin McDermott, Robyn Anderson, Gent Daniels, Tara Viens, Lisa Otto, Kally Moquete OCA, Sandra Czunas, Liz Sitrer- OCA, Bryan Klimkiewicz, CSDE, Hector Massari, Amy T. Soto, Heather Bonitz Moore, Heather Gates, Liz Peralta, Northwell Health, Mark Vanacore, Jenniferk, Peter Hadler, Janine Sullivan-Wiley, Rep. Mike Demicco, Carlos Blanco, Alison Matthews-Wilson, Brie Sanca, Carrie Bourdon, Christian Rodriguez, Deena Tampi, Denise Abercrombie, Donyale Pina, Elizabeth Gemski, Emily Granelli, Erica Garcia-Young, Fatmata Williams, Hector Glynn, Kelly Moquete, Karen Roman, Kelly Phenix, Liz Peralta, Lois Berkowitz, Rob Haswell, Dr. Stephney Springer, Lorna Thomas-Farquharson, Mark Vanacore, Moniker Nugent, Sabrina Trocchi, Suzette DeBeatham, Tammy Venega, Tara Viens, Gent Daniels

Key Outcomes

The meeting focused on the significant impact of **HR-1** on SNAP and Medicaid programs in Connecticut, including new work requirements and eligibility changes. The council discussed the resulting loss of benefits for thousands of residents and the state's mitigation efforts, while also reviewing agency reports and committee updates.

HR1 Impact and Implementation

SNAP Program Changes

- **Work Requirements:** Eligibility for "able-bodied adults without dependents" (ABODs) expanded from ages 18–54 to 18–64; those failing to comply are limited to 3 months of benefits every 36 months.
- **Exemption Reductions:** Previous exemptions for veterans, homeless individuals, and foster care alumni (under 24) have been removed.
- **Geographic Waivers:** All town/city waivers were eliminated because no Connecticut municipality meets the new 10% unemployment rate threshold.

- **Enrollment Decline:** SNAP enrollment dropped by 50,000–60,000 people in one year, with roughly half directly attributed to HR1.

Medicaid (Husky D) Changes

- **Community Engagement Rules:** Starting January 1, 2027, HUSKY D enrollees must work 80 hours/month or earn at least \$580/month to maintain coverage.
- **Medical Frailty:** Exemptions are based on diagnosis codes, but a new federal rule requires that the condition must "significantly impair" the ability to work.
- **Immigration Status:** Effective October 1, approximately 4,000 non-pregnant adults (refugees, asylees, etc.) will lose Medicaid coverage.
- **Administrative Burden:** HUSKY D enrollees must now undergo renewal every six months instead of annually.

State Mitigation Efforts

- **Financial Support:** Allocated \$23 million for food pantries, \$4.1 million for community navigators, and \$1.55 million for the Connecticut Grown Program.
- **Direct Aid:** \$8.5 million set aside for one-time grocery cards for those who lost SNAP benefits.
- **Resources:** Launched a partner toolkit and pre-screener tools at portal.ct.gov/DSS-HR1.

Risks and Concerns

- **Benefit Cliffs:** Concern that increasing income to meet work requirements may cause a disproportionate loss of other supports, such as Section 8 housing.
- **Healthcare Strain:** Potential increase in uninsured patients utilizing hospital emergency departments and challenges with post-discharge clinical care.
- **Societal Impact:** Risk that desperation due to food and healthcare insecurity could lead to increased unlawful behavior.
- **Workforce Burden:** The LMSW licensing exam continues to be a barrier to a diverse workforce, as a requested two-year hold was not extended by the legislature.

Agency and Committee Updates

- **DMHAS:** Announced the 5th Annual Recovery Month Community Day (Sept 12) and Veterans Stand Down (Sept 18).
- **DPH:** Promoted the Young People Peer Support program (ages 12–17) and the "Big Work Happens Here" early childhood mental health campaign (Sept 22).
- **CSDE:** Distributed 1,200 mental health resource kits to K-12 schools and awarded 41 grants totaling millions for high-quality special education.
- **Adult Quality Access and Policy Committee:** Reported increased housing instability and emergency department usage among adults with serious mental illness.

Decisions and Next Steps

- **Decision:** The Executive Committee proposed moving the full Oversight Council meetings to an every-other-month schedule starting January.
- **Action Item:** Full membership will vote on the meeting frequency change at the October meeting.
- **Action Item:** Peter Hadler to provide clarifications on the "five-year rule" for individuals receiving methadone.
- **Action Item:** DSS to investigate potential Department of Labor regulations regarding the use of volunteers to meet work requirements.
- **Next Meeting:** October 14.

Dr. Stephney Springer

DSS Host is inviting you to a scheduled Zoom meeting.

Topic: Substance Use Disorder Public Forum

Time: Sep 10, 2026 10:00 AM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us06web.zoom.us/j/88936768069?pwd=cRkL9ouCQvYajCAaic7H9az58TA1Uw.1>

Meeting chat link

<https://us06web.zoom.us/jc/88936768069>

Bryan Klimkiewicz, CSDE 3:17

Anxiety-Based School Avoidance: SPACE-Informed Strategies to Support Students and Strengthen Engagement

Thursday September 17, 2026 9:00am – 10:30am

[Register here!](#)

In the years following the pandemic, schools have seen higher rates of chronic absenteeism and growing concerns about anxiety-related school avoidance. For students whose anxiety contributes to missed school, returning can create even more anxiety, leading to a cycle of continued absence and increasing difficulty re-engaging in school. Dr. Julie Chilton, a practicing child and adolescent psychiatrist and community faculty member at the Yale Child Study Center, will explore the connection between anxiety and school avoidance and offer practical strategies to help schools address anxiety-related absences, support re-engagement, and promote consistent attendance. Pending approval 1.5 continuing education credits will be available through the NASW/CT.



Digital MH
resources for school