



Tow Youth  
Justice  
Institute

Making connections. Informing solutions.

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# Transforming Children's Behavioral Health Policy and Planning Committee

April 15th, 2026

2:00-4:00 PM

Virtual Meeting on Zoom

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# Tow Youth Justice Institute

**About Us:** The Tow Youth Justice Institute (TYJI) is a university, state, and private partnership dedicated to transforming the systems that impact youth, young adults up to age 26, and their families. We additionally embrace cross-system collaborations with policymakers, practitioners, service providers, students, researchers, and community members to advance justice that includes public safety, behavioral health, health, housing, and education.

**Mission Statement:** Rooted in equity and respect, our mission is focused on raising the voices of youth up to age 26, families, and those with lived experience, including those who have experienced victimization, and to promote policies, practices, and programs that reduce harm, build power, and create opportunities for all. Through research, coaching, education, and cross-system collaboration, we strengthen communities and support solutions that are community-informed, evidence-driven, and we focus on wellbeing, dignity, and long-term change.

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# TCB's Mission Statement

## Mission Statement:

The TCB Committee exists to strengthen and align Connecticut's system of care through **legislative recommendations and strategic reforms aimed at improving access to high-quality services and promoting children's behavioral health and well-being through a sustainable continuum of care.**

As a bridgebuilder, TCB will engage **system-wide stakeholders, use data to assess gaps and system inefficiencies, identify cross-system alignment, and make recommendations to address and overcome the root obstacles to promote the well-being and resilience of all children and families.**

We define success as achieving a behavioral health system that is accessible to all children and provides appropriate, affordable, high-quality behavioral health services at the right time and place to ensure the most positive outcomes so that Connecticut's children can thrive well into the future.

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# Purpose:

The Transforming Children’s Behavioral Health Policy and Planning Committee (“TCB”) was established in 2023 by Public Act 23-90 and mandated to evaluate the availability and effectiveness of prevention, early intervention, and treatment services for children's behavioral health, substance use disorders, and general well-being of children aged from birth to eighteen. Through targeted recommendations to the General Assembly and executive agencies, the TCB may propose necessary actions to improve:

- ❖ **(1) developmental and behavioral health outcomes for children, (2) facilitate transparency and accountability across state agencies, community-based organizations, and institutional providers, and (3) promote policies to advance data sharing and reporting between state agencies and state-funded programs.**

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# Meeting Facilitation

- **Mute on Zoom**
  - Participants must remain muted on Zoom unless speaking
- **Hand Raising**
  - Virtual attendees should use the Hand Raise feature on Zoom for questions and comments
- **Questions at the End**
  - Hold questions and comments until the presenters have finished speaking
- **TCB only**
  - Only TCB members may ask questions and make comments
- **Recording**
  - This meeting is being recorded

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# Agenda

## Welcoming, Opening Remarks

TCB Tri Chairs: Senator Ceci Maher, Representative Tammy Exum & Claudio Gualtieri, Senior Policy Advisor to the Secretary, OPM

## Review and Acceptance of March Minutes

## Administrative Updates

TYJI

## Overview of Agency Roles for Individuals with ID/DD/ASD

Department of Developmental Services: *Tammy Venenga, Director of Specialized Service Development*

Office of Early Childhood: *Nicole Cossette, Part C Coordinator for Connecticut, Lorna Thomas-Farquharson Psy.D, Program Manager*

Connecticut State Department of Education: *Bryan Klimkiewicz, Division Director, Bureau of Special Education*

Department of Social Services: *Susan Stange, HCBS Waivers Manager*

Department of Children and Families: *Dr. Frank Gregory, Administrator of the Children's Behavioral Health Community Service System Division, Stephanie Bozak, PsyD, Behavioral Health Clinical Manager, and William Seals, LPC, NCC, Transitional Support and Services Program Director.*

Department of Mental Health and Addiction Services (Young Adult Services): *Amy Maricino, LCSW, Section Chief*

Department of Public Health: *Miriam Miller, MPH, Policy Director*

## Q&A / Discussion

TCB Members

## Closing Remarks

TCB Tri Chairs: Senator Ceci Maher, Representative Tammy Exum & Claudio Gualtieri, Senior Policy Advisor to the Secretary, OPM

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# TCB Administrative Updates

# Workgroup Upcoming Meeting Dates

Workgroup:	Meeting Date:	Focus Areas/Action Steps
System Infrastructure – Systems Of Care Subgroup	April 21 <sup>st</sup> , 2026 3:00 – 4:30 PM (ZOOM)	The Systems of Care subgroup will focus on a policy paper produced by one of the co-chairs and have discussion around definitions, system of care history, and policy focus areas.
School Based	May 4 <sup>th</sup> , 2026 3:00 – 4:30 PM (ZOOM)	<p>Within meetings, the workgroup has split off into different subgroups focusing on the legislative tasks assigned to the workgroup.</p> <ul style="list-style-type: none"> <li>• School Billing: An informational RFQ session took place last Monday for the School Billing Study. At the May meeting, the subgroup will reconvene within the workgroup in a breakout room.</li> <li>• Special Education: TYJI has contracted with Disability Rights CT, who provided an overview of the scope of work for the report. At the May Meeting, the subgroup will provide input on survey tools.</li> </ul>
Prevention	April 16 <sup>th</sup> , 2026 3:00 – 4:30 PM (ZOOM)	The Office of Early Childhood will be presenting on the CT Pyramid Model. The Workgroup is developing subgroups to lead efforts into looking into different age groups; early childhood (0-5), school aged children (5-18), and transition age youth (18-26). The workgroup will use the results of the CT Children's Behavioral Health Provider survey to develop action steps for tasks indicated in the workplan.
Services	May 27 <sup>th</sup> , 2026 2:00 – 3:30 PM (ZOOM)	The Services workgroup will have an update from Jill Farrell from the Innovations Institute at the Uconn School of Social Work, on the data findings from the Survey. The results will be presented to the larger TCB in June.

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# Legislative Updates

On March 12th, the Appropriations Committee conducted a public hearing that included discussion of the TCB Bill, **H.B. 5447**.

TYJI will keep the workgroups and committee informed of any developments as they arise.

# Office of BHA Updates

The [BHA](#) website is now active, and two staff members have been hired and are starting on April 17<sup>th</sup>.

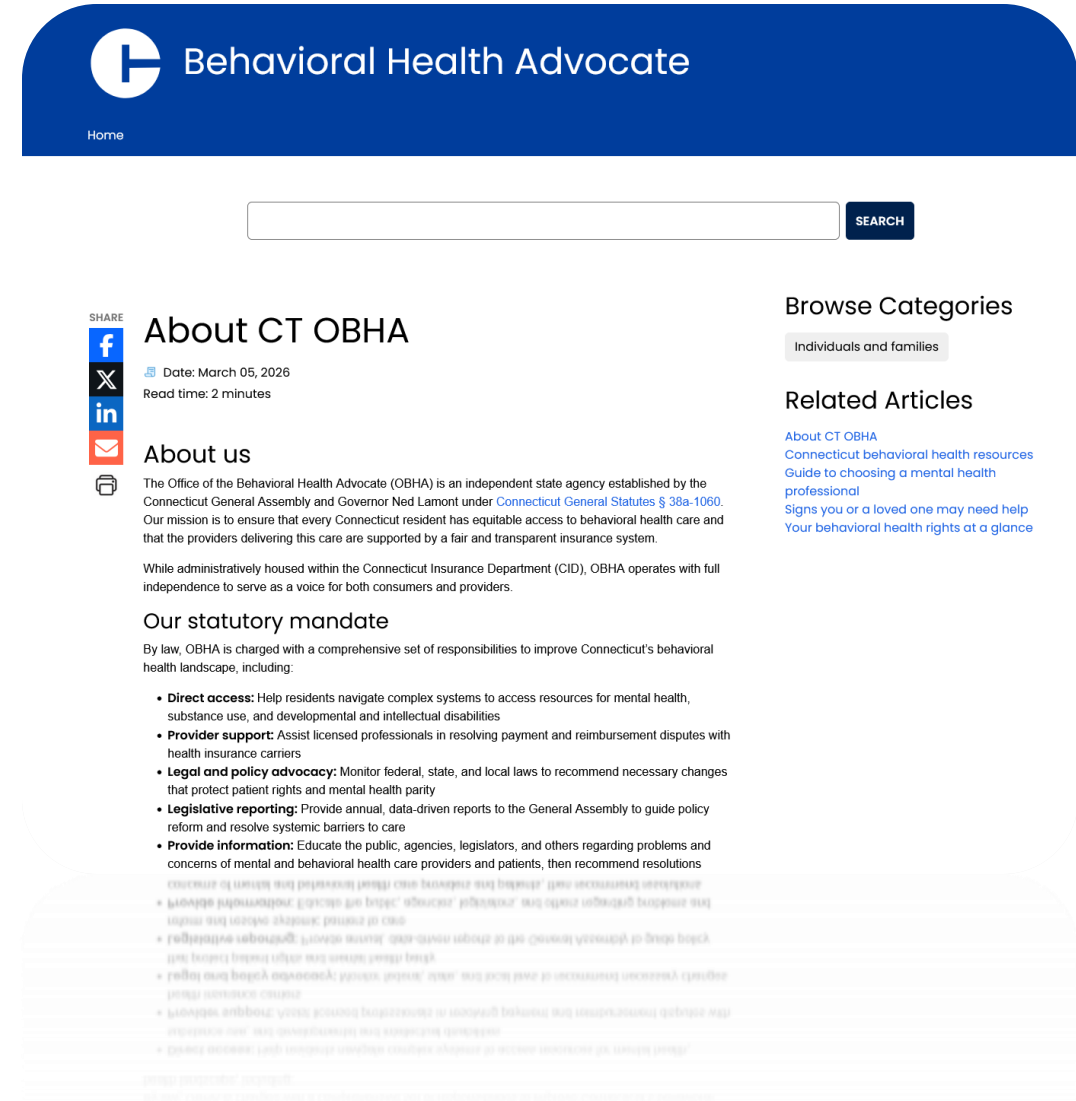
**Howard Sovronsky, Behavioral Health Advocate.**

Office of Behavioral Health Advocate

[Behavioralhealthadvocate@ct.gov](mailto:Behavioralhealthadvocate@ct.gov)

[Howard.Sovronsky@ct.gov](mailto:Howard.Sovronsky@ct.gov)

Office: 860-466-5514



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# TCB Annual Agenda – Monthly Focus Areas

Last month, the TCB focused on Psychiatric Residential Treatment Facilities (PRTFS), and the findings of the Complex Case Workgroup's final report, which highlighted the need for services for individuals with co-occurring behavioral health concerns and ID/DD/ASD.

As a follow-up to that conversation, today's meeting will be focused on the following:

- State Agencies authority, services, and/or procured services for individuals who have both co-occurring behavioral health concerns and DD and/or ID and ASD (if applicable)
  - If not applicable, agencies will provide an overview of their role for individuals with DD and/or ID and ASD
- Agencies will highlight their coordination with other agencies – cross-agency collaboration
- Any gaps and/or barriers (for example, any age restrictions to services, referrals, etc)

**Next Steps:** TYJI will be working with the Children's Behavioral Health Implementation Advisory Board to develop a tool or informational resource that outlines agencies' roles for the ID/DD/ASD population. More details will come at the May TCB meeting.

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# Overview of Agency Roles for Individuals with ID/DD/ASD

Department of Developmental Services: *Tammy Venenga, Director of Specialized Service Development*

Office of Early Childhood: *Nicole Cossette, Part C Coordinator for Connecticut, Lorna Thomas-Farquharson Psy.D, Program Manager*

Connecticut State Department of Education: *Bryan Klimkiewicz, Division Director, Bureau of Special Education*

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Department of Children and Families: *Dr. Frank Gregory, Administrator of the Children's Behavioral Health Community Service System Division*

Department of Mental Health and Addiction Services (Young Adult Services): *Amy Maricino, LCSW, Section Chief*

Department of Public Health: *Miriam Miller, MPH, Policy Director*



Department of  
Developmental Services  
(DDS) Overview

# DDS MISSION AND STATUTORY RESPONSIBILITIES

## Mission

The mission of Connecticut Developmental Services is to partner with the individuals we support and their families, to support lifelong planning and to join with others to create and promote meaningful opportunities for individuals to fully participate as valued members of their communities.

## Statutory Responsibilities:

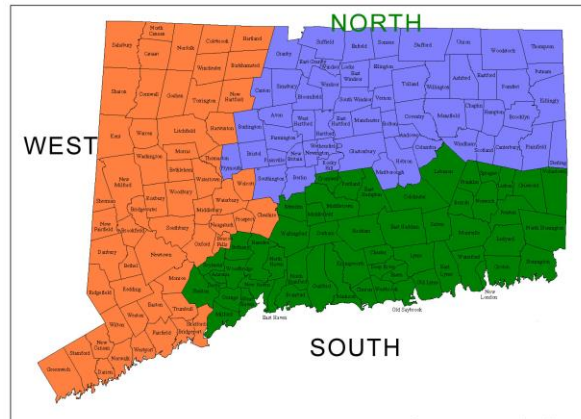
CGS 17a-210: [DDS] shall be responsible for the planning, development and administration of complete, comprehensive and integrated state-wide services for persons with intellectual disability and persons medically diagnosed as having Prader-Willi syndrome.

The commissioner shall be responsible, with the advice of the council, for: (1) Planning and developing complete, comprehensive and integrated state-wide services for persons with intellectual disability; (2) the implementation and when appropriate the funding of such services; and (3) the coordination of the efforts of the Department of Developmental Services with those of other state departments and agencies, municipal governments and private agencies concerned with and providing services for persons with intellectual disability. The commissioner shall be responsible for the administration and operation of the Southbury Training School, state developmental services regions and all state-operated community-based residential facilities established for the diagnosis, care and training of persons with intellectual disability.

# DDS ORGANIZATIONAL STRUCTURE

## DDS Administration

- Commissioner Jordan Scheff
- Deputy Commissioner Elisa Velardo
- Chief of Staff Katie Rock-Burns



## SOUTHBURY TRAINING SCHOOL

- There are 85 individuals in STS and the average age 75 years old.

## CENTRAL OFFICES

- Specialized Divisions:
  - Abuse Investigations (AID); Business Intelligence; Case Management; Children's Services Division; Family Support Strategies; Health & Dental Services; Legal & Government Affairs; Medicaid Waiver Division; Operations Center; Quality & Systems Improvement

## REGIONAL OFFICES

- Private Division
- Individual, Family & Self-determination (IFS) Division
- Public Division





# THE INDIVIDUALS WE SERVE

- Approximately **36,500** people living in CT have an Intellectual Disability (ID)
- **17,411** individuals are currently eligible for DDS
  - Services DDS provides include public, private, and IFS sectors
- **60.28%** of the people DDS supports live in their own or family home.

Management Information Report (MIR): Issued December 2025  
by DDS Commissioner's Office

# DDS ELIGIBILITY

To be eligible for supports and services from DDS, an individual must be a resident of Connecticut and:

- Meet the **statutory definition of Intellectual Disability** as defined by **CGS 1-1g**
  - A person must have a valid full-scale IQ of 69 or below as indicated on intelligence/cognitive tests **and** significant limitations in adaptive functioning that began during the developmental period.

**or**

- Have a medical **diagnosis of Prader-Willi Syndrome**.
  - Must be diagnosed by a physician utilizing medically appropriate genetic diagnostic criteria.

The qualifying disability must originate during the developmental period, **before Age 18**.



[Eligibility Fact Sheet](#)

**Important: Eligible Does NOT mean services are entitled to the individual**

# DDS MYTHS VS. FACTS

## DDS is NOT:

- A child welfare agency
- Does not offer family centered programs
- A behavioral health agency
- DDS is not an entitlement and can only support individuals within appropriations.

## DDS Is:

- An agency that helps individuals with intellectual disabilities lead fulfilling lives within their communities.
- All programs that are centered around the individual's needs.
- DDS is responsible for the planning, development and administration of complete, comprehensive and integrated statewide services for persons with intellectual disability and persons medically diagnosed as having Prader-Willi Syndrome

# IMPORTANCE OF MEDICAID

DDS services are provided through one of the three DDS Medicaid **Home and Community-Based Services (HCBS) waivers.**

The **Department of Social Services (DSS)** is the **lead Medicaid agency** for the state and therefore has authority over all Medicaid Waivers.

DDS has operational oversight of the DDS-specific waivers:

- Employment and Day Supports Waiver
- Individual and Family Support Waiver
- Comprehensive Supports Waiver

**Waiver services are not an entitlement, and services are funded within appropriations.**

# DDS SUPPORTS

DDS may support an individual who is eligible for the Department at any point during the life course.

Here are some examples:

## Help Line Supports

- Family Support Workers
- Transition Advisors
- Clinical Team Consultations

## Family Grants

- \$3,700,840 Budget (no increase in 25 years)
- Cash subsidies for providing individual and family supports or defraying disability-related expenses.

## Residential Supports

- Respite
- Individual Home Support – IHS
- Supportive Housing
- Community Companion Home – CCH
- Community Living Arrangements – CLA
- Continuous Residential Supports – CRS
- Assistive Technology and Remote Supports

## Day Supports

- Group Supported Employment
- Senior Supports
- Individual Day Supports
- Transitional Services
- Individualized Supported Employment
- Day Support programs
- Assistive Technology and Remote Supports

*DDS is not an entitlement and can only support individuals within appropriations.*

# DDS DATA

As of March 2026

## 6,001 Individuals on the Help Line

Individuals on the Help Line receive no case management services and do not have annualized funding.

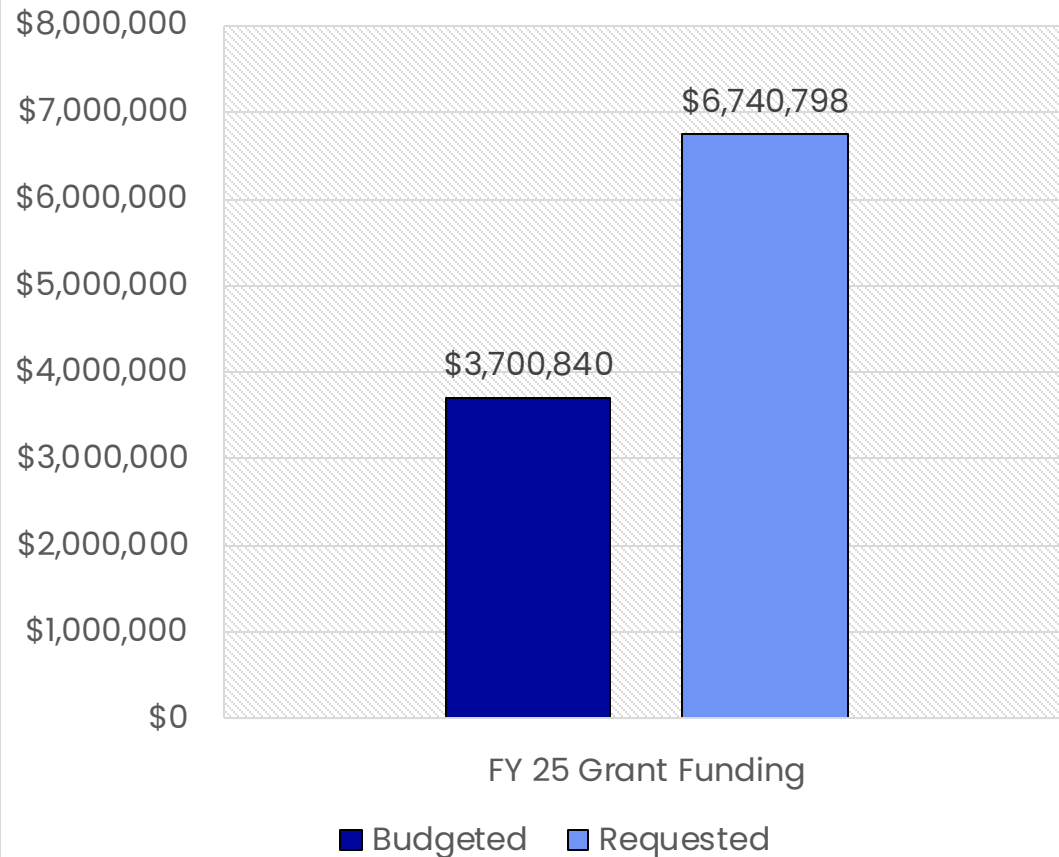
## 86 Emergencies

“Emergency” means the category assignment designated to an individual when the individual or their family or legal representative has requested services, and the individual is at imminent risk of causing permanent harm to themselves or others, is homeless, community interventions and current services or supports are not meeting the individual’s safety needs and no additional community supports are available.

Residential Waitlist	551	Individuals receiving <b>No Services</b>
	292	Individuals <b>Underserved</b>
FY 2027	64	Res Age Outs
	88	Day Age outs
	350	Grads
Residential Planning List	558	Individuals receiving <b>No Services</b>
	88	Individuals <b>Underserved</b>

# Family Grants

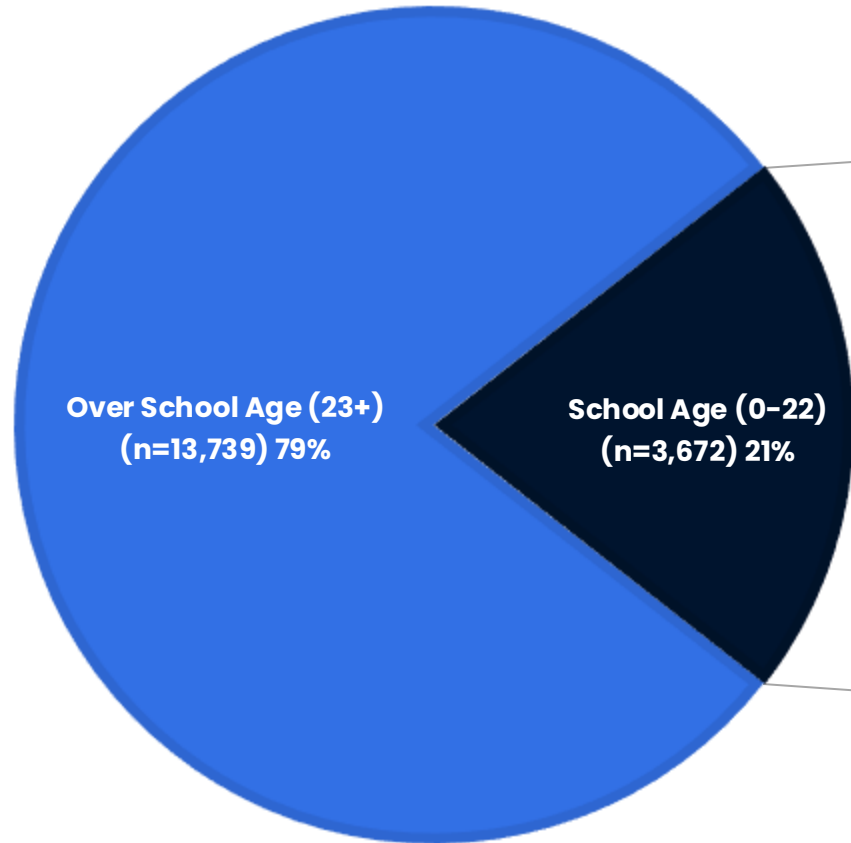
## Requested Grants Exceeds FY 2025 Budget



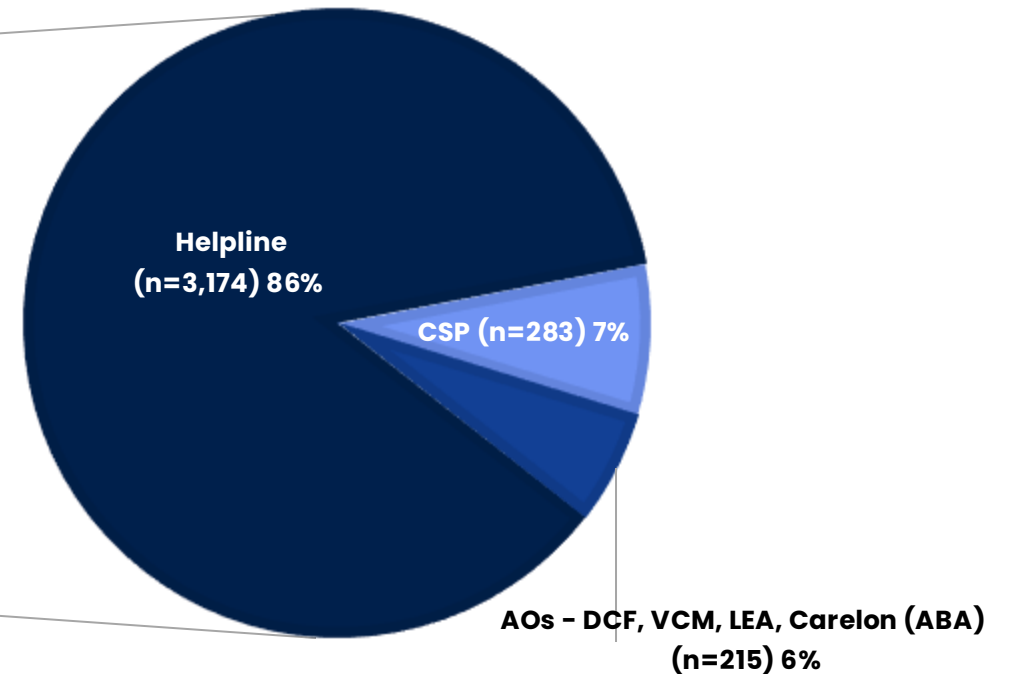
- Served **1,686** individual with Family Grant funds in FY 25.
- The requested funding in FY 25 is **82%** above the budget allocated.

# HOW ELIGIBILITY TRANSLATES TO SERVICES

TOTAL ELIGIBLE POPULATION (N= 17,411), BY AGE



SCHOOL-AGE, PLANNED FOR SERVICE (N= 3,672)



# Children's Services Division

# CHILDREN'S SERVICES DIVISION (CSD)

DDS' **central unit** dedicated to address the medical, physical, and behavioral needs of DDS-eligible children in Connecticut.

1. We are engaging with partners to increase awareness of CSD's goals
2. We are promoting DDS services to strengthen early identification and support for children who may benefit from these resources.
3. We are supporting families in navigating complex systems in accessing services.



# THE CHILDREN'S SERVICES IN-HOME SUPPORT PROGRAM

**Goal:** To increase capacity within the family unit through skill-building, to effectively manage and support a child's most challenging needs, while creating and reinforcing positive interactions.

## Eligibility for CSP:

- Must be eligible for DDS
- Between the age of 8 – 20 and must be eligible before the age of 18
- **Must demonstrate a need** that is greater than the support offered by the community, state, and/or federal programs
- **Medical, Physical and/or behavioral needs** that go beyond current services authorized by insurance

## Most Popular Available Services:

- ✓ **Respite** (Including access to specialized Respite Centers for individuals under the age of 21)
- ✓ **Individualized Home Support (IHS)**

*Requests for out-of-home placement will not be considered for this program.*

# REASONS WHY A CHILD **MAY** NOT BE ELIGIBLE FOR CSP

**IMPORTANT:** CSD will connect with families and discuss eligibility

An individual may not be reviewed for eligibility for the Children's Services Program due to any of the following reasons:

Is not receiving a consistent education

Is not living in his or her family home

Has an open case with DCF

Has an open case with the state's Juvenile Justice System

The family is requesting out-of-home placement

Has an open case with VCM - Voluntary Care Management

Family is only interested in grants and not annualized in-home supports

# COLLABORATIONS WITH OUTSIDE ENTITIES

In collaboration with outside entities, the CSD team will facilitate the careful planning of DDS-eligible individuals as they transition from **current residential support to DDS residential services**, upon aging out from the previous funding source. These agencies include: DCF, VCM, LEA, and Carelon ABA

## Transition Planning may include:

- Assigning a CSD Case Manager
- Working collaboratively with agencies to effectively plan a smooth transition by identifying appropriate residential supports

# CASE MANAGEMENT

DDS Case Managers serves as a trusted guide to help **eligible individuals** understand and use DDS support and services.



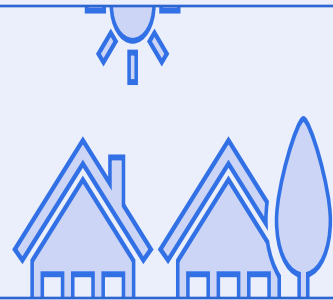
As the primary contact, Case Managers can help with:

- Identifying the individual's needs
- Plan for support and services
- Help access programs and services
- Monitor progress and the quality of services.
- Maintain master files and important records.

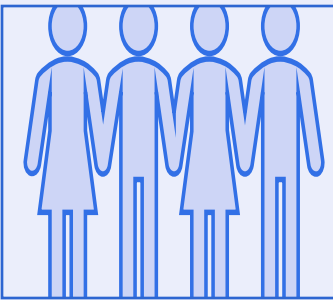
Case Managers are responsible for the completion of:

- Level of Need (LON) Assessment
- Individual Plan (IP)
- Additional assessments as required by DDS

# NUMBERS THAT MATTER



Average age of individuals in a DDS CLA/CRS is **51 years** old.



There are **85** individuals in STS and the average age **75 years** old.



There are **3,257** individuals ages 22 and under, with the Helpline



There are **312** children under the Children's Services Division



Carelon ABA waitlist is up to **one year** or more

We see a trend of children with ID having difficulties being accepted into behavioral health programs like VCM, PRTFs, IICAPS, SACS.

No individual has ever been hospitalized solely for having ID.

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# Birth to Three Overview



# Birth to Three Overview

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- Overseen by the Office of Special Education Program (OSEP) within the Department of Education.
- Individuals with Disabilities Education Act (IDEA)
  - Part C (birth to the day before a child turns 3)

## **Key Features Continued:**

- Guided by an Individualized Family Service Plan (IFSP)
- Multidisciplinary team approach
- Services are free

## **Process:**

Referral → Evaluation → Eligibility → IFSP → Services → Transition at age 3.

## **Goal:**

Improve development early and empower families to help their child thrive.



# Referrals

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- **Phone:** 1-800-505-7000
- **Online:** [Forms - Birth23.org](https://forms.birth23.org)
- **Fax:** 860-571-6853



Referral Form



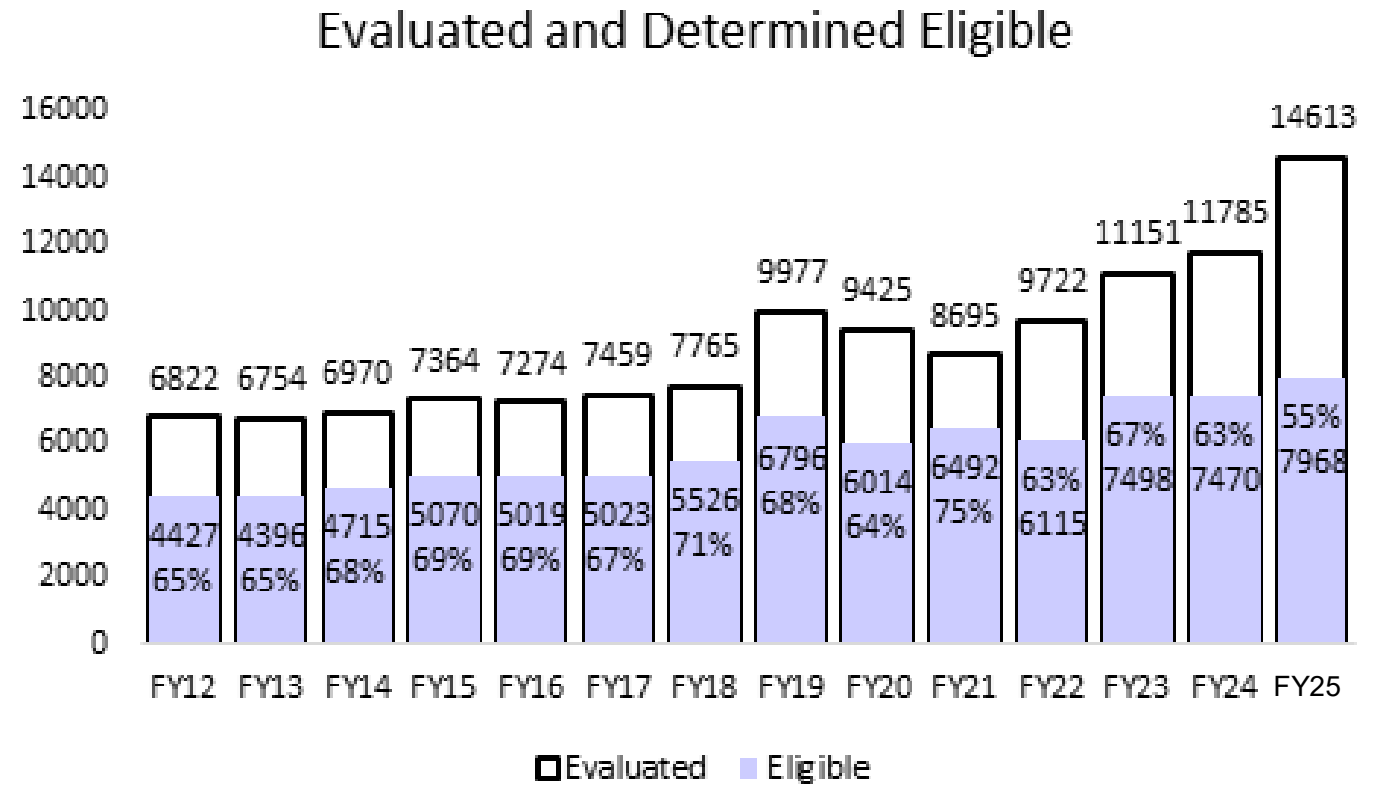
# Eligibility

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- Moderate Delays in two areas of development or a significant delay in one area of development (self-help/adaptive, social-emotional, total communication, gross motor, fine motor, and/or cognitive).
- Diagnosed medical condition that has a high probability of resulting in developmental delays.
  - Examples: Down Syndrome, Autism, Cerebral Palsy, Epilepsy, Vision Impairments, Hearing Loss, congenial abnormalities, chromosomal abnormalities, Cytomegalovirus(cCMV); Lead Levels greater than 10.
  - At Risk Diagnoses: Infants born less than 32 weeks gestation; Infants weighing less than 1,500 grams; Neonatal Abstinence Syndrome.
- Determined to have a significant developmental delay based on the clinical opinion of the evaluators.



## Data – Referral and Eligibility



# Birth to Three

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## Children learn through an incredible amount of practice!



The amount of a toddler's experience with walking is the only predictor of improved proficiency.

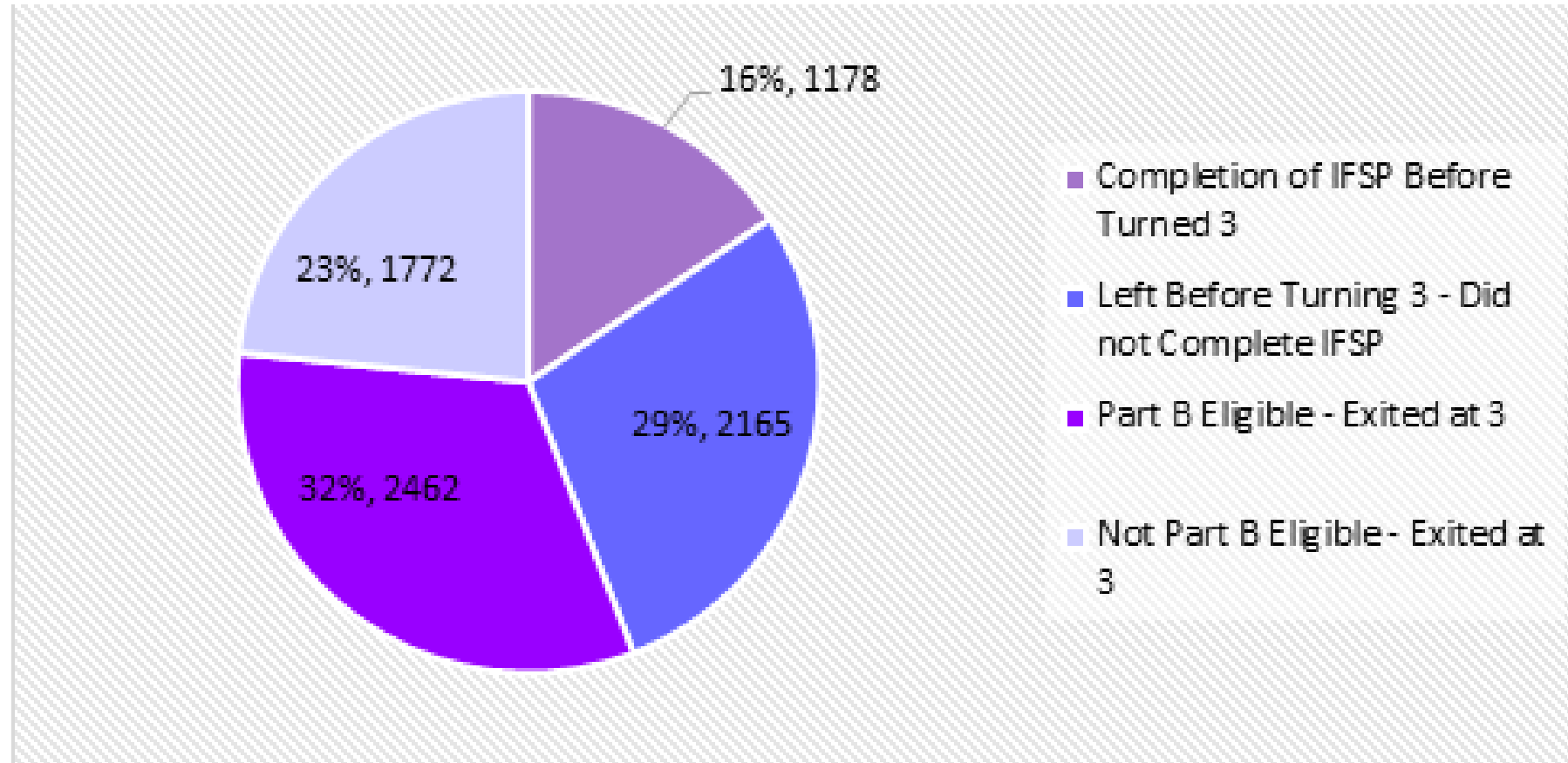
- Toddlers practice walking for more than 6 hours daily.
- Average 500 – 1,500 steps per hour
- 9,000 steps per day (length of 29 football fields!)

Adolph, K. E., Vereijken, B., & Shrout, P. E. (2003). What Changes in Infant Walking and Why. *Child Development*, 74(2), 475-97.



# Exit and Transition Data

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# Agency Update



**UNLOCKING**  
*Lifelong*  
**POTENTIAL**

  
**CONNECTICUT**  
Education  
**2025-2026**

Connecticut State Department of Education – April 15, 2026



# UNLOCKING *Lifelong* POTENTIAL

## Every Student Prepared for Learning, Life, and Work Beyond School

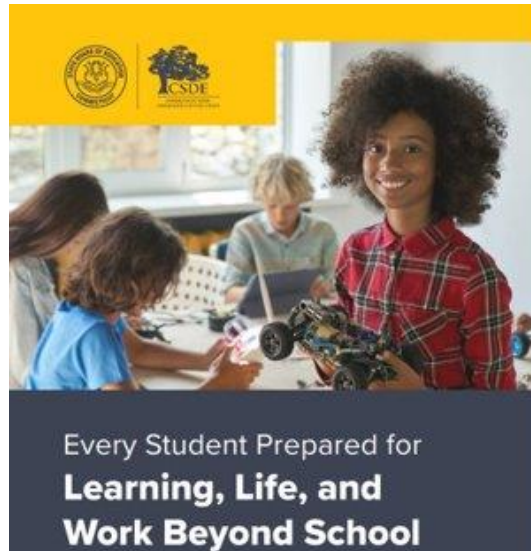


### Ensure Equitable Access to Education

All learners are supported, including those with high needs, and have equitable access to education regardless of background or advantage, including access to great teachers and leaders, and a diverse educational workforce.

### Ensure Safe and Healthy Learning Environments

Learning spaces are safe, compassionate, and culturally responsive. They are designed to support the academic, physical, and social-emotional well-being of all learners, including learners of color, multilingual learners, those with a disability, learners experiencing food and housing insecurities, learners coming from low-income families, and those who identify as LGBTQ.



### Elevate Curriculum Frameworks

Elevate Connecticut's curriculum frameworks to provide support for the development of rigorous, engaging instruction and the reliable assessment of universally required skills for life beyond school and a lifelong love of learning.



### Create Multiple Career Pathways

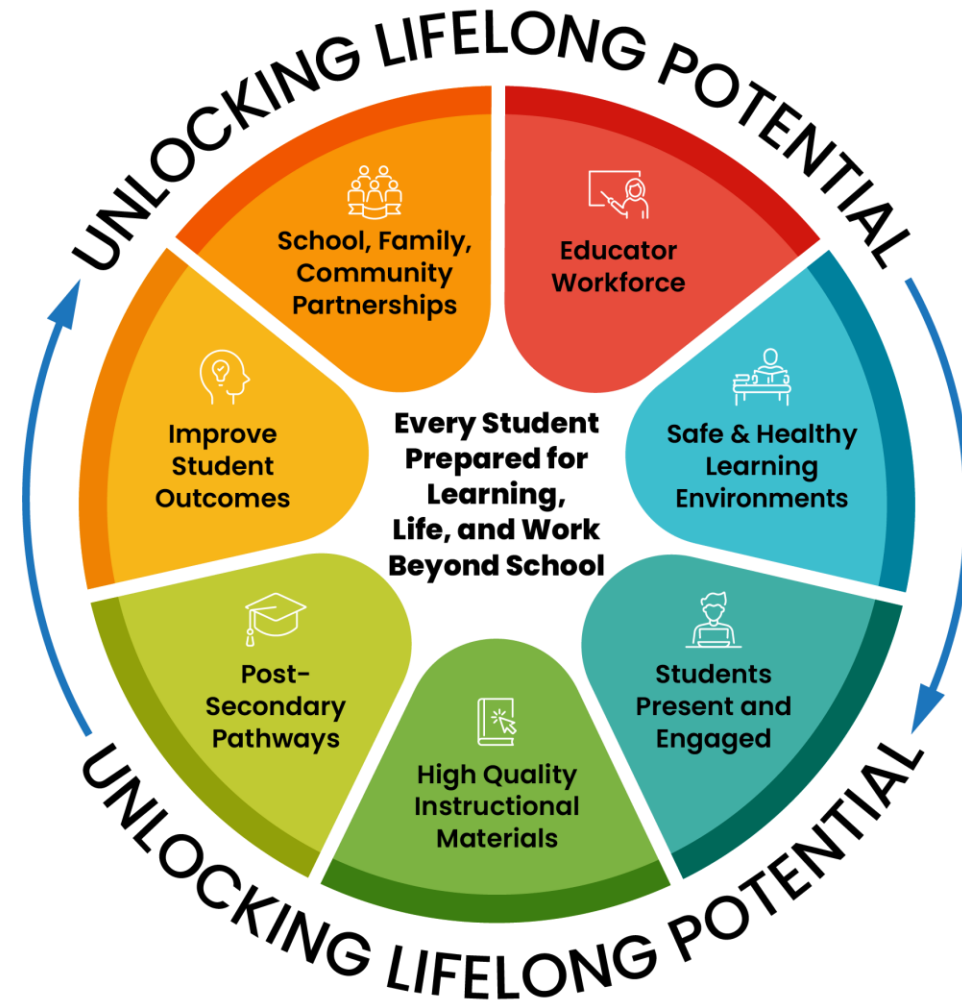
Create opportunities for all students to explore multiple career pathways through coordinated and rigorous programs that are developed in partnership with institutions of higher education and local/regional employers, and that align to economic opportunity and advance students in careers of their choice.





# UNLOCKING *Lifelong* POTENTIAL

## Continued Strategic Focus Areas



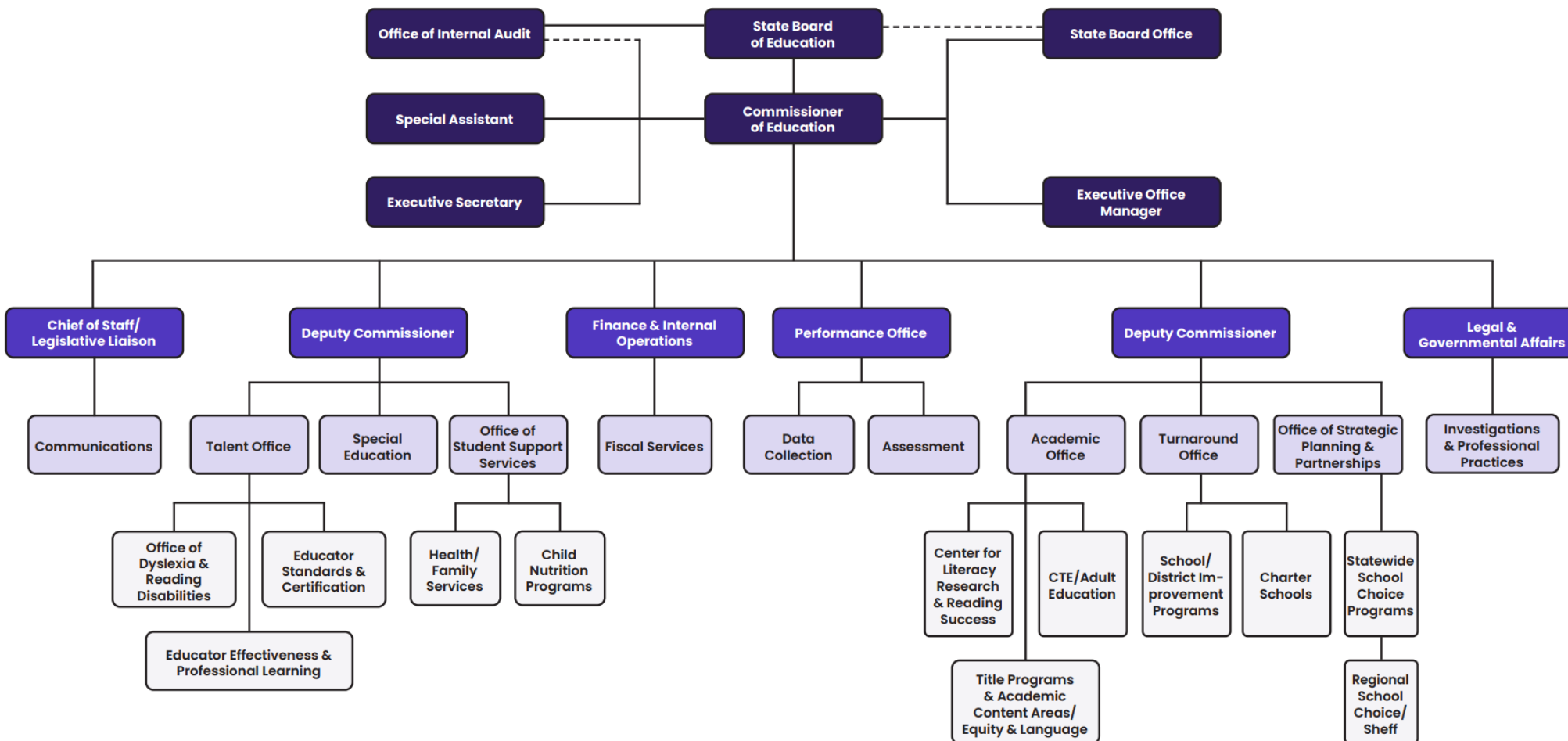


# UNLOCKING *Lifelong* POTENTIAL

Organization Chart for the Connecticut State Department of Education



## Organization Chart for the Connecticut State Department of Education



**Bureau of Special Education**

**Division Director:** Bryan Klimkiewicz

**Bureau Chief:** Katherine Matz

**Administrative Assistant:** Mildred Pagan

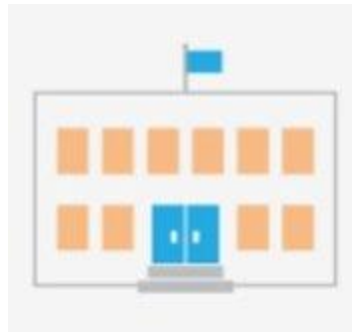
<b>Bureau Units</b>	Due Process	Student Outcomes	Student Programs & Communications
<b>Activities</b>	Dispute Resolution, Compliance, Collaboration	General Monitoring & Supervision; State Performance Plan; Fiscal Management	Student Programs (Surrogate, APSEP) Oversight, Support, Communications
<b>Strategies</b>	Building Partnership Structures	Differentiated Monitoring & Support	Resource Dissemination; Guidance

- 18 Education Consultant positions across 3 units
- 2 program managers – General Supervision and CT-SEDs
- One designated Liaison between BSE and Office of Dyslexia and Reading Disabilities
- One designated Liaison between BSE and Office of Health & Family Services
- Support from 3 members of the Performance Office (data), including Part B Data Manager
- 3 clerical/support staff



# UNLOCKING *Lifelong* POTENTIAL

- **School Districts: 202**
- **Schools/Programs: 1,547**
- **Certified Staff FTE: 53,158**
- **Non-Cert. Staff FTE: 50,865**



Source: <https://public-edsight.ct.gov/>

## **PK-12 Students: 497,764**

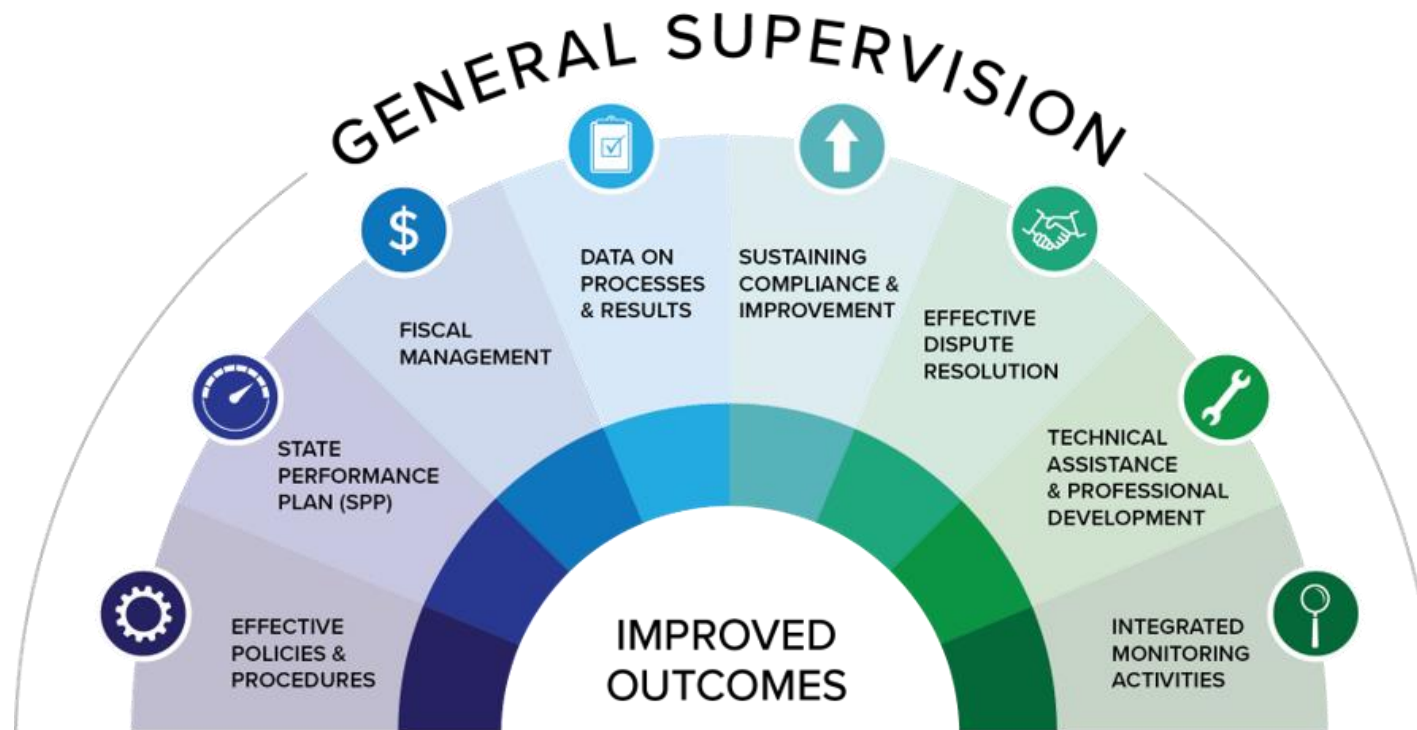
- 55.3% Students of Color (**275,040**)
- 44.7% White Students (**222,724**)
- 44.2% Eligible for Free and Reduced Lunch (**219,819**)
- 19.1% Students with Disabilities (**94,960**)
- 11.1% English Learners/Multilingual Learners (**55,385**)
- More than 180 Languages spoken
- 5,137 students experienced homelessness and housing instability in 24-25



# UNLOCKING *Lifelong* POTENTIAL

## CSDE = State Education Agency (SEA)

The State board of education or other agency or officer primarily responsible for the State supervision of public elementary schools and secondary schools, or, if there is no such officer or agency, an officer or agency designated by the Governor or by State law.





# UNLOCKING *Lifelong* POTENTIAL

## Special Education K-12 Prevalence Data

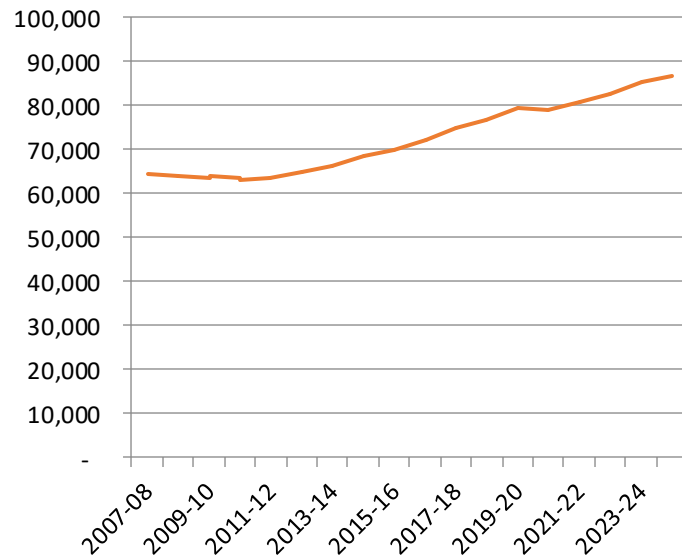




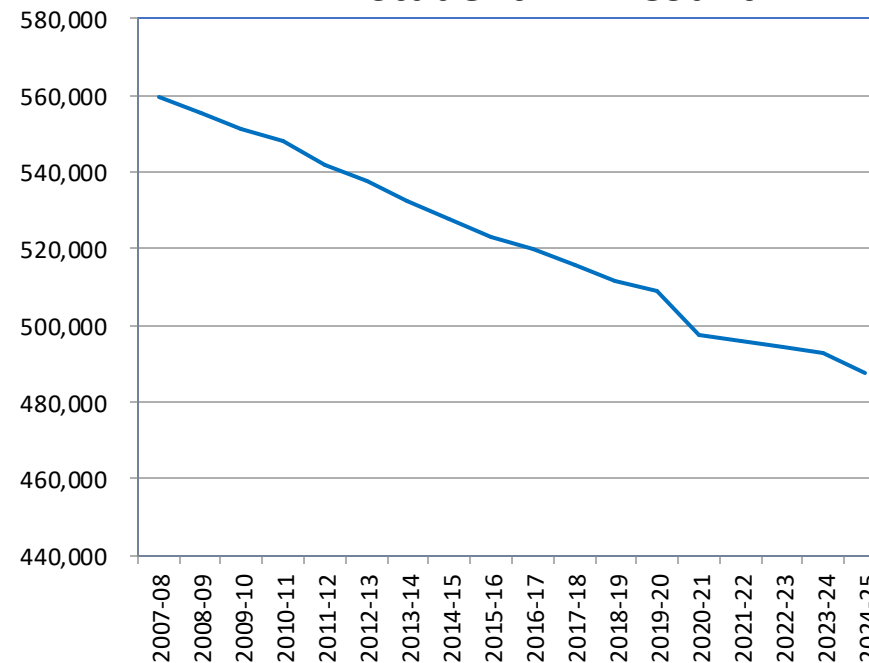
# UNLOCKING *Lifelong* POTENTIAL

## Special Education K-12 Prevalence Data

### Special Education K-12 Student Count



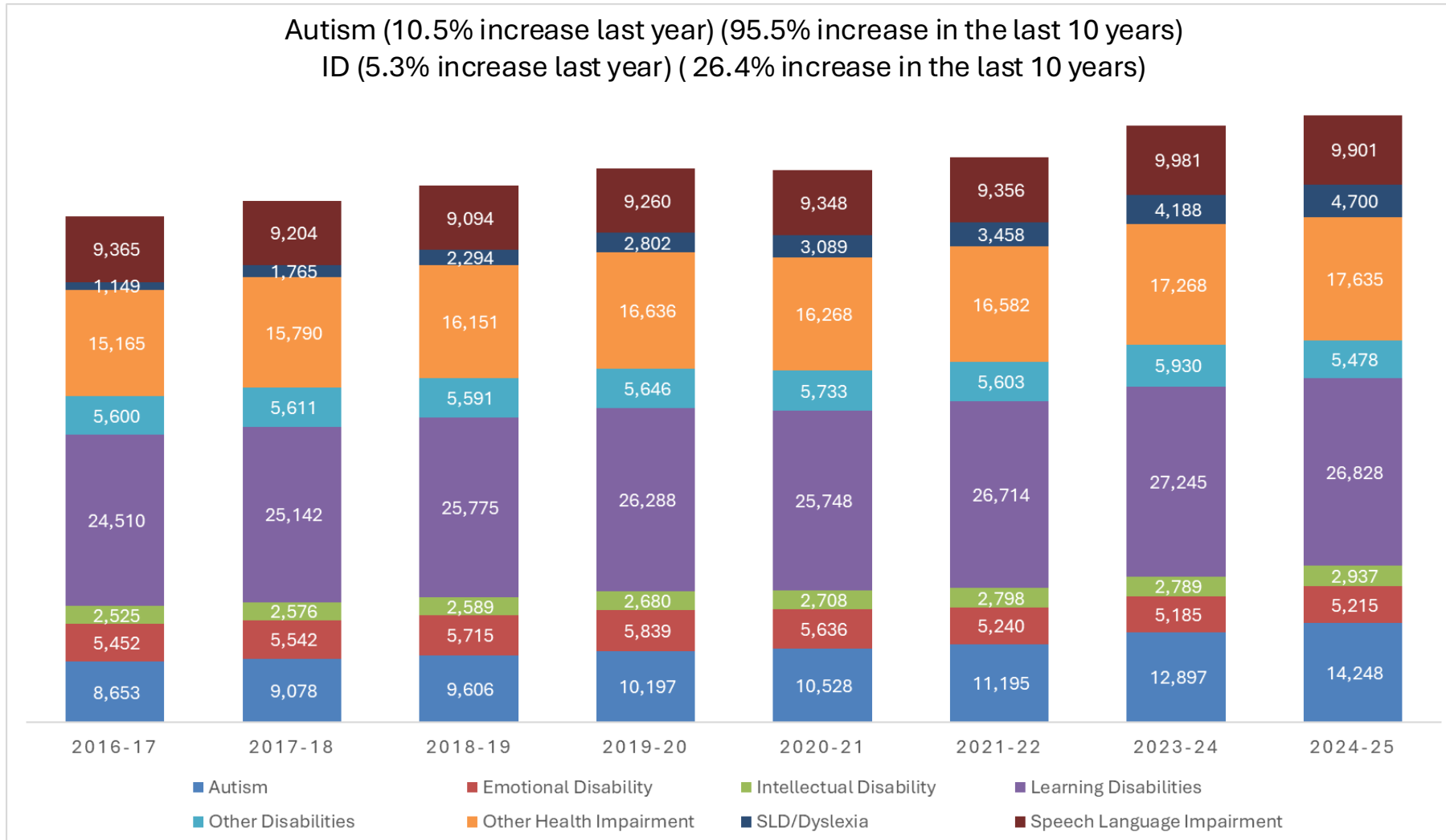
### All Student K-12 Count





# UNLOCKING *Lifelong* POTENTIAL

## Number of K-12 Students with Disabilities by Primary Disability





# UNLOCKING *Lifelong* POTENTIAL

## Public Act 25-67 Section 1

- Prior to this act: Planning and Placement Teams could identify students as eligible for special education and related services under the primary disability category of **Developmental Delay** between the ages of **three** and **five**.
- Effective July 1, 2025, Public Act 25-67 expands the allowable age for this primary disability category to **three** through **eight**.
- Does not preclude PPT's from identifying a student as eligible under any of the other 14 primary disability categories in CT.



## How is Developmental Delay Defined in Connecticut?

- Developmental delay means “significant delay in one or more of the following areas:
- physical development;
- communication development;
- cognitive development;
- social or emotional development; or
- adaptive development, as measured by appropriate diagnostic instruments and procedures and demonstrated by scores obtained on an appropriate norm-referenced standardized diagnostic instrument.”

School districts should be aligning their policies and practices to accommodate the disability category and definition for "developmental delay" along with the recommended criterion.



## § 300.124 Transition of Children from Part C to Part B

Part B of IDEA requires each State must have in effect policies and procedures to **ensure** that –

- a) Children participating in early intervention programs under Part C, and who will participate in preschool programs under Part B, experience a smooth and effective transition to those preschool programs.
- b) By the 3<sup>rd</sup> birthday, an IEP or, an IFSP (as consistent with State policy), has been developed and is being implemented for the child; and
- c) Each affected local educational agency (LEA) will participate in transition planning conferences arranged by the designated lead agency (LA).

(34 CFR 300.124)



# UNLOCKING *Lifelong* POTENTIAL

## Part B Role in Transition from Part C: Local Educational Agency (LEA) Responsibilities

- **Communicate** clearly with families and EI partners
- **Accept and act on referrals**
- **Conduct** timely **evaluations**
- **Determine eligibility** using Part B criteria
- **Develop and implement the IEP** by age 3 (if eligible)
- **Ensure** a free and appropriate public education (**FAPE**) begins on or before the 3rd birthday



# UNLOCKING *Lifelong* POTENTIAL

## CT State Agencies & Secondary Transition Liaisons

Agency Name	General Contact Info	Secondary Transition Liaisons
<b>Aging and Disability Services (ADS):</b> Bureau of Education and Services for the Blind ( <a href="#">BESB</a> )	Email: <a href="mailto:ads.besb@ct.gov">ads.besb@ct.gov</a> Phone: 860-602-4000	<ul style="list-style-type: none"> <li>Charlotte Copenhaver, Educational Projects Coordinator, <a href="mailto:charlotte.copenhaver@ct.gov">charlotte.copenhaver@ct.gov</a></li> <li>Mary Burgard, Vocational Rehabilitation Specialist, <a href="mailto:mary.burgard@ct.gov">mary.burgard@ct.gov</a></li> </ul>
<b>Aging and Disability Services (ADS):</b> Bureau of Rehabilitation Services ( <a href="#">BRS</a> )	Email: <a href="mailto:ADS.BRS.ContactUs@ct.gov">ADS.BRS.ContactUs@ct.gov</a> Phone: 860-424-4840	<ul style="list-style-type: none"> <li>Stefanie Knight, Education Services Specialist, <a href="mailto:stefanie.knight@ct.gov">stefanie.knight@ct.gov</a></li> <li>George Michna, Bureau Chief, <a href="mailto:george.michna@ct.gov">george.michna@ct.gov</a></li> </ul>
<b>Department of Children and Families (DCF)</b>	Email: <a href="mailto:COMMISSIONER.DCF@CT.GOV">COMMISSIONER.DCF@CT.GOV</a> Phone: 860-550-6300	<ul style="list-style-type: none"> <li>Robert Bosco, Pupil Services Specialist, <a href="mailto:robert.bosco@ct.gov">robert.bosco@ct.gov</a></li> </ul>
<b>Department of Developmental Services (DDS)</b>	Email: <a href="mailto:ddsct.co@ct.gov">ddsct.co@ct.gov</a> Phone: 860-418-6000	<ul style="list-style-type: none"> <li>Tammy Venenga, Division Director of Children's Services, <a href="mailto:tammy.venenga@ct.gov">tammy.venenga@ct.gov</a></li> <li>Kendall Fenton, Education Services Specialist, <a href="mailto:kendall.fenton@ct.gov">kendall.fenton@ct.gov</a></li> </ul>
<b>Department of Mental Health and Addiction Services (DMHAS)</b>	Phone: (860) 418-7000	<ul style="list-style-type: none"> <li>Amy Marracino, Section Chief, Youth Adult Services, <a href="mailto:amy.marracino@ct.gov">amy.marracino@ct.gov</a></li> <li>Ellen Econs, Employment Systems Manager, <a href="mailto:ellen.econs@ct.gov">ellen.econs@ct.gov</a></li> <li>Scott Kupis, Special Education Director, <a href="mailto:scott.kupis@ct.gov">scott.kupis@ct.gov</a></li> </ul>
<b>Department of Correction (DOC)</b>	Phone: (860) 692-7480	<ul style="list-style-type: none"> <li>Rigopoula Rita Halkias, Director of Special Education, <a href="mailto:rigopoula.halkias@ct.gov">rigopoula.halkias@ct.gov</a></li> </ul>
<b>Department of Labor (DOL)</b>	Email: <a href="mailto:DOL.ADS@ct.gov">DOL.ADS@ct.gov</a> Phone: (860) 263-6000	<ul style="list-style-type: none"> <li>Erica Tew, WIOA Administration Director, <a href="mailto:erica.tew@ct.gov">erica.tew@ct.gov</a></li> </ul>



# UNLOCKING *Lifelong* POTENTIAL



## CT State Agencies & Secondary Transition Liaisons

Agency Name	General Contact Info	Secondary Transition Liaisons
<b>Department of Public Health (DPH)</b>	Email: <a href="mailto:ask.dph@ct.gov">ask.dph@ct.gov</a> Phone: 860-509-8000	<ul style="list-style-type: none"><li>● Thomas St. Louis, Director, Office of Public Health Workforce Development, <a href="mailto:thomas.st.louis@ct.gov">thomas.st.louis@ct.gov</a></li></ul>
<b>Department of Social Services (DSS)</b>	Phone: 1-855-626-6632	<ul style="list-style-type: none"><li>● Christine Weston, Director of Community Options, <a href="mailto:christine.weston@ct.gov">christine.weston@ct.gov</a></li><li>● Susan Stange, Manager of Community Options, <a href="mailto:susan.stange@ct.gov">susan.stange@ct.gov</a></li></ul>
<b>Office of Early Childhood (OEC)</b>	Phone: 860-500-4412	<ul style="list-style-type: none"><li>● Nicole Cossette, Director of the Early Intervention System, <a href="mailto:nicole.cossette@ct.gov">nicole.cossette@ct.gov</a></li></ul>



# UNLOCKING *Lifelong* POTENTIAL

## Interagency Collaboration Mental and Behavioral Health

We work to connect schools with programs and resources led by our sister agencies and to collaborate on opportunities to enhance the knowledge and skillset of our school staff to best meet the needs of all students.

### **Mental Health Resource Kits** *CSDE & DCF*

August 2025: 21 different organizations assembled over 900 mental health resource kits to be hand-delivered to all K-12 school

Kits included information about resources and supports for students, families, and schools

Expanding to include APSEPs and non-public schools for 2026

### **Student Support Series** *CSDE & DCF*

Monthly, free professional learning for school mental health professionals

Topics based on emerging issues in youth mental health and feedback from participants

Partnered with DPH, DMHAS, and DCF to bring in presenters

460 participants in March, over 1100 unique attendees this school year

### **Suicide Prevention and Crisis Response** *CSDE, DMHAS, DCF, DPH, OCA*

Outreach to schools following a loss or crisis to offer additional counseling support, guidance, and resources

Promoting crisis intervention services, best-practices for suicide prevention and postvention, and connecting schools to organizations that can enhance and support their efforts



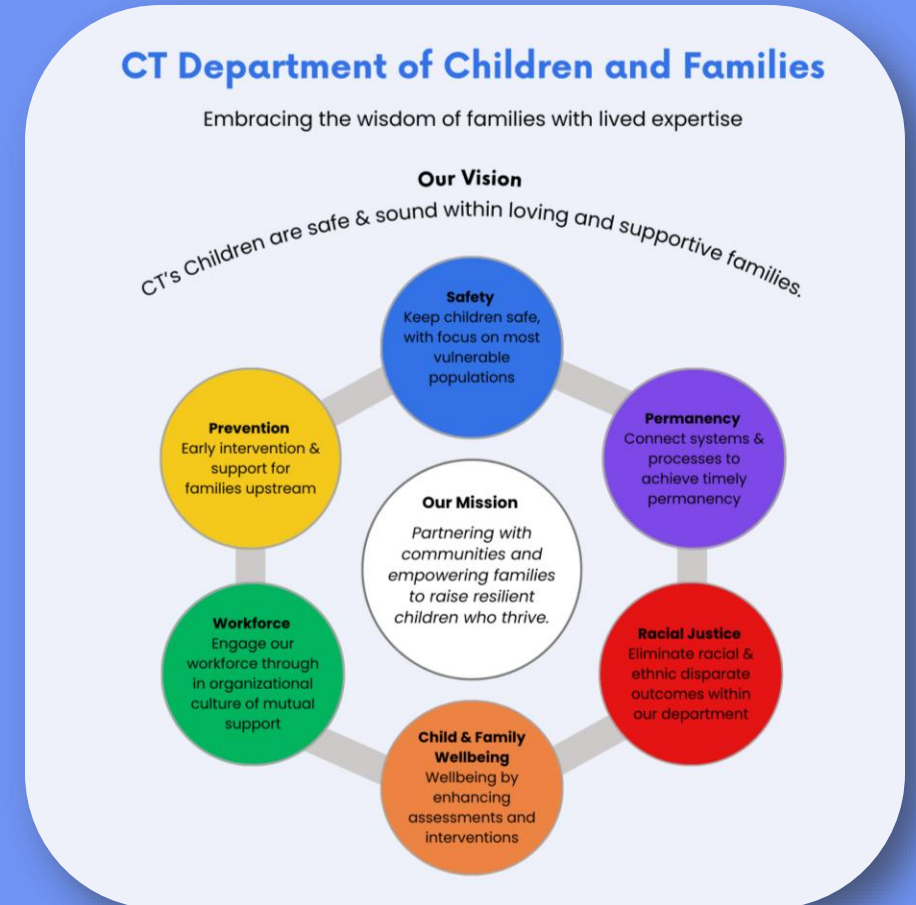
# CONNECTICUT

## Children & Families

“Partnering with communities and empowering families to raise resilient children who thrive.”

# Statutory Mandates and Strategic Goals

- Child Protection
- Children's Mental Health and Substance Misuse Treatment
- Prevention



# Child Protection

- DCF Serves as CT's statutory child protection agency and responds to all reports of child maltreatment statewide
  - The Careline receives over 100,000 calls each year resulting in investigations, family services or case closure when no statutory concerns are present
  - Families can receive In-Home or Out-of-Home family services based on assessed safety needs
  - Services Post Majority - Support transitional aged youth up thru 24 years based on Commissioner waiver if DCF was statutory parent/guardian prior to turning 18
- 

## Transitional Supports and Services – Interagency Navigation Division

- Managed between DCF Area Office and Transitional Supports and Services teams.
- Focus is to help transition from DCF to our sister agencies (DMHAS, DDS and DSS Autism Waiver) as they age into adulthood and turn 21.
- DCF has Memorandum of Agreements (MOAs) with sister state agencies to help support this work

## DCF also works with following agencies :

Office of Early Childhood (OEC)

Department of Correction (DOC)

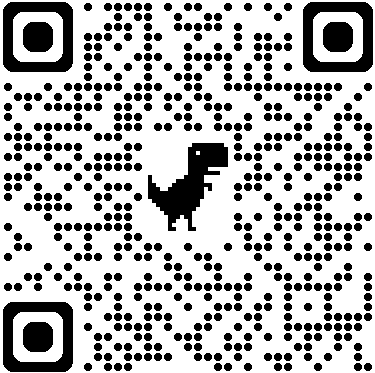
Judicial Branch Court Support Services Division (JBCSSD)

# Behavioral Health Community Services

- DCF oversees behavioral health services for ALL children statewide not just those involved with child protection
- This is done through a partnership model with providers, schools, community agencies, and state partners which allows us to ensure services are available broadly
  - DCF does operate two Psychiatric Residential Treatment Facilities (PRTF), the Albert J Solnit Center North Campus for boys and the Albert J Solnit South Campus PRTF for girls.
- Families can access services through school referrals, pediatricians, community partners, the crisis service continuum, or through self-referral
- Key Service Categories include:
  - Outpatient Psychiatric Clinics for Children (OPCC)
  - Intensive in-home psychiatric services (Multi-Systemic Therapy, Functional Family Therapy, etc)
  - Crisis Services such as Mobile Crisis
  - Care Coordination Services
  - Extended Day Treatment
  - Therapeutic Group Homes

# Connecting to Care

www.connectingtocarect.org



## Connecting Connecticut Children & Families to Behavioral Health Care

The State of Connecticut is working on improving Children’s Behavioral Health supports and services. On Connecting to Care CT you will find information that will help you better understand, navigate, and find children’s behavioral health services near you.



**Assisted Intervention  
Matching Tool** ↗



**Understanding Supports &  
Services** ↗



**Learn About Care  
Coordination** ↗



**Find Supports & Services** ↗



**What’s Your Mental Health  
Plan** ↗

# Partnerships and Collaboration

- Voluntary Behavioral Health and Community Pathways are available for families seeking help without child protection involvement
- DCF partners with others to ensure there is coordinated access at the local level for youth with complex needs.
- Key Partners:
  - Department of Mental Health and Addition Services (DMHAS)
  - Department of Developmental Services (DDS)
  - Connecticut State Department of Education (CSDE)
  - Other Partners include Office of Early Childhood and Judicial Branch Court Support Services Division (JBCSSD)



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Department of Children and Families  
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Statewide Young Adult  
Services

# DMHAS YAS PARTNERSHIPS

**DMHAS YAS was established to support young adults ages 18–25 in successfully transitioning from the Department of Children & Families (DCF) to the adult behavioral health system and acquiring the necessary skills for adulthood.**

**DMHAS YAS currently has MOAs with DCF, Carelon, and Court Support Services Division (CSSD) to facilitate early engagement, referral, assessment, and transition planning for youth and young adults as early as age 16.**

**If a youth has IDD and is eligible for the Department of Developmental Services (DDS), DMHAS YAS will collaborate with DDS to plan for clinical services that the youth may need as they prepare to transition to services in the adult system.**

# Eligibility Criteria

- **Must be 18 years of age and older**
- **Must have a documented major mental health diagnosis (e.g. PTSD, Psychotic Spectrum Disorders, Bipolar Disorder with Psychotic Features, Major Depressive Disorder, Recurrent)**
- **Must be willing to voluntarily participate in services**
- **Must be referred to DDS if IQ < 70**
- **May be diagnosed with Autism Spectrum Disorder but must also have an existing major mental health diagnosis**

# Young Adult Services Programs Offer:

Psychiatry

Crisis Services

Individual Psychotherapy

Rehabilitation Services

Case Management Services

Consultation Services

Clinical Services

Assessment Services

Nursing Services

Linkage to Vocational/Educational Services

Group Psychotherapy

Residential/Housing

Trauma Services

Programming to Support Young Parents

Peer Mentoring

Substance Use Services



# Questions...



**Information for DMHAS OOC Statewide Young Adult Services:**

**Amy Marracino, LCSW**

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**Section Chief, Young Adult Services  
DMHAS OOC Statewide Young Adult Services**

**(860) 262-6974**

**[Amy.Marracino@ct.gov](mailto:Amy.Marracino@ct.gov)**

[Connecticut Department of Mental Health and Addiction Services](#)



# Department of Public Health:

**TCB Presentation on Work with  
Individuals with ID/IDD/ASD**

# Agenda

- Title V: Maternal and Child Health Block Grant
- Regulatory Activities

# Title V: Maternal and Child Health Block Grant

- **Child and Adolescent Health**

- Support School Based Health Clinic (SBHC) Services in four (4) service areas - medical, dental, behavioral health, and prevention programs, including physicals, immunizations, behavioral health screenings, and therapy services.
- Coordinate developmental screening through early childhood systems - 211 Child Development (CDI) in Connecticut provides free developmental screenings and monitoring for children from birth to age 5, including Ages & Stages Questionnaires. The service helps parents track developmental milestones, offers the Sparkler app for tracking and activities, and links families to early intervention, such as the Birth to Three program.

- **Children and Youth with Special Health Care Needs**

- Specialty care coordination systems for Children and Youth with Special Health Care Needs (CYSHCN) with five (5) services – contracted entities provide regional care coordination services to connect CYSHCN and their families to medical, developmental, and social supports, promoting integrated, community-based care.
- Family leadership and peer navigation for CYSHCN – Provides support groups, information, and advocacy for CYSHCN families

- **Cross-Cutting Systems Infrastructure**

- Statewide service navigation - Maintains a statewide, centralized information and referral system that connects families to health and social services, supports care coordination across systems, and serves as a key access point for Title V priority populations

# Regulatory Activities - PRTF

- DPH is the State Survey Agency for Pediatric Residential Treatment Facilities (PRTF)
  - DPH enters into an agreement with DSS, that allows us to apply federal standards to the facilities.
  - DPH acts on behalf of DSS to review any Serious Occurrence and conduct audits.
- DPH licenses two (2) PRFTs in CT – Solnit North and Solnit South

# Regulatory Activities - IOP

- DPH is the State Survey Agency for Intensive Outpatient Programs (IOP)
  - DPH will conduct in person surveys of the facilities and services, based on their licensure category (i.e. POCA (Psychiatric Outpatient Clinic for Adults), or a hospital where IOP services are provided)

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# Q&A



Tow Youth  
Justice  
Institute

Making connections. Informing solutions.

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## Next Meeting:

May 13th, 2026

2:00 – 4:00 PM