

OCCUPATIONAL THERAPY MENTAL HEALTH & BEHAVIORAL HEALTH

A Systems and Advocacy Guide for Connecticut Practitioners.

Understand the Influences.

Expand Access.

Advocate for Occupational Therapy.

Our Essential Role in Mental & Behavioral Health

Occupational therapy is essential to mental & behavioral health. We help individuals develop coping strategies, manage daily routines, achieve functional performance in life roles, and engage in meaningful activities that promote wellness and recovery.

Key Contributions:

- Reconnecting people to daily roles & activities (work, school, self-care)
- Assessing safety & readiness to live alone, return to work, manage medication, navigate complex social environments
- Teaching practical strategies for emotional regulation & stress management
- Promoting independence & functional recovery
- Supporting holistic care that includes physical, cognitive, emotional, & social health
- Collaborating with interdisciplinary teams in community & clinical settings



Table of Contents

1. Mental Health & Behavioral Health (p. 3)
2. Socio-Ecological Influences (p. 4)
3. Reflection & Responsiveness (p. 5)
4. Settings & Society-Driven Care (p. 6)
5. Systems Advocacy (p. 7)
6. Billing, Coding & Recognition (pp. 8-12)
7. Advocacy Pathways (p. 13)
8. State-Specific Partners (p. 14)
9. Lessons Learned (pp. 15-17)
10. Resources (pp. 18-19)
11. Elevating Practice through Evidence & Innovation (p. 20)

Why this resource?

Connecticut occupational therapy practitioners are delivering essential mental health services across settings—but access is uneven, systems are evolving, and awareness is often lacking. This guide maps the challenges and opportunities to strengthen our role and ensure individuals and communities can fully benefit from occupational therapy's impact on mental and behavioral health.

Why ConnOTA? Why Now?

ConnOTA has been leading efforts to advocate for occupational therapy's critical role in mental & behavioral health. Our focus has been on building awareness, educating others, & deeply understanding the systems we work within. We need to continue our collective efforts in

- Working to integrate occupational therapy into mental health services
- Shaping policies & funding to reflect occupational therapy's value across education, healthcare, & community systems
- Pushing for long-term sustainability & recognition of OT's essential role in mental health

Please join ConnOTA to ensure occupational therapy's vital role is recognized & valued in Connecticut's mental health system.

ConnOTA. (2025). *Occupational therapy in mental health and behavioral health: A Systems and Advocacy Guide for Connecticut Practitioners*. ConnOTA.org

Notice an error or outdated information?

If you spot any edits, broken links, or outdated content in this document, please contact info@connota.org so we can keep this resource accurate and up to date.

Original: 4/16/2025. Rev: 4/17/2025 add risk & safety assessment p. 1. Rev. 4/ 18/2025 add p. 20

Where Healing Meets Doing: OT in Mental & Behavioral Health

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Mental Health in Occupational Therapy

Occupational therapy helps individuals, groups, & communities improve their mental well-being & manage challenges with anxiety, depression, PTSD, & other mental health issues. By focusing on everyday activities, occupational therapy promotes independence, reduces reliance on intensive healthcare services, & supports long-term mental health.

Focus: Supporting emotional, mental, & cognitive health

Key Interventions:

- Helping people develop coping strategies, manage their emotions, & reduce stress through meaningful activities.
- Facilitating group activities that promote social connection & support, encouraging peer-driven coping strategies.
- Raising mental health awareness & educating the public on prevention strategies.

Goal: To empower individuals to engage in activities that are meaningful to them, build & maintain relationships, & take on important roles, even when facing mental health challenges.

Behavioral Health in Occupational Therapy

Occupational therapy helps individuals manage behaviors related to substance abuse, eating disorders, & other maladaptive behaviors. By focusing on everyday activities, we assist people in replacing harmful behaviors with healthier alternatives, enhancing their independence & quality of life.

Focus: Helping people improve behaviors that affect their daily lives

Key Interventions:

- Teaching healthier behaviors, emotional regulation, & self-care routines.
- Running group sessions that help individuals work together to change behaviors & improve social participation.
- Supporting community initiatives that promote positive behavioral changes & provide resources to prevent harmful behaviors.

Goal: To help individuals & communities replace harmful behaviors with healthier habits, leading to greater independence, improved social connections, & a reduction in the need for more costly interventions.



Expanding Impact, One Layer at a Time

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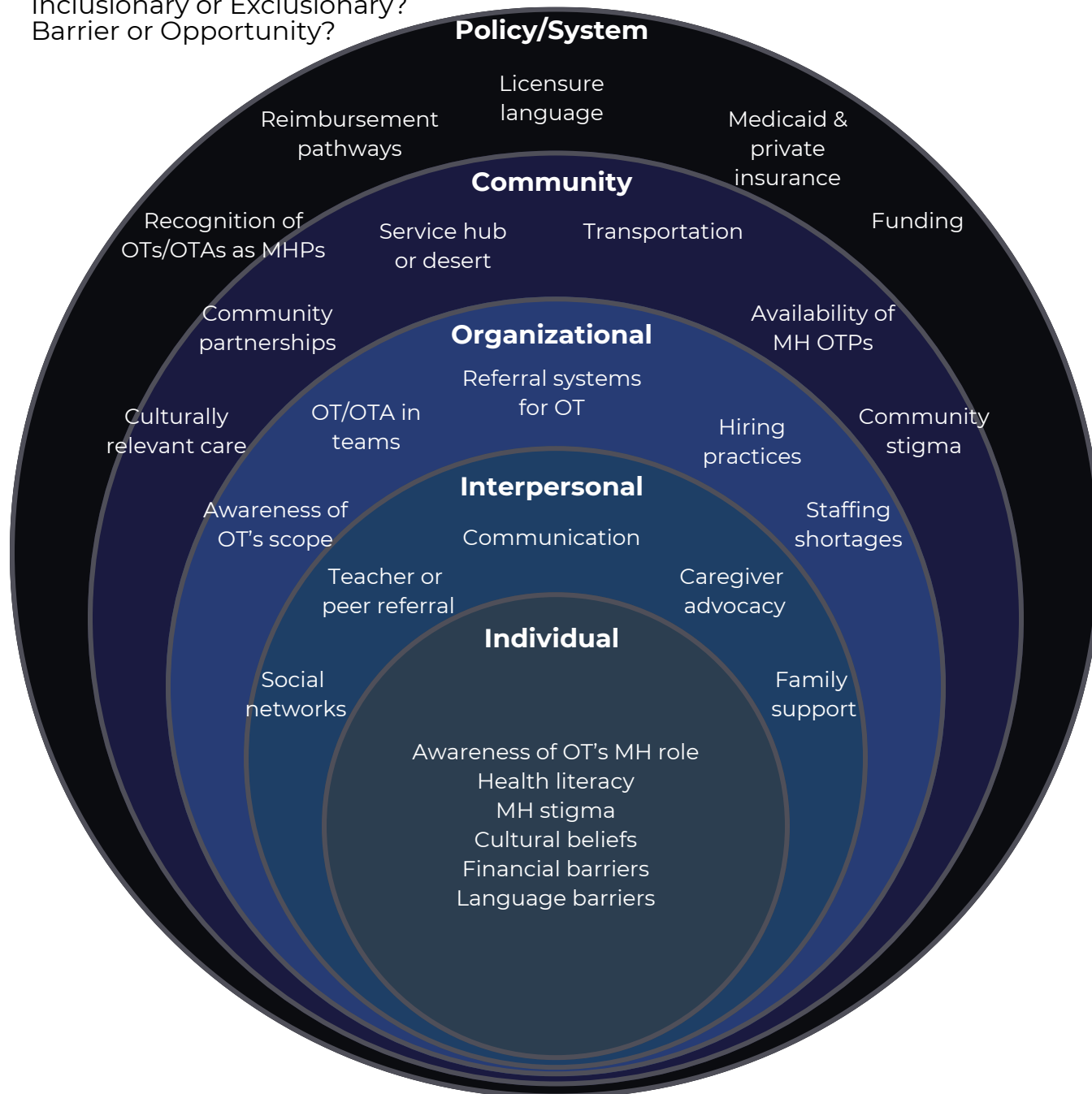
Socioecological Model:

Expanding our Lens on OT Mental & Behavioral Health Services

Occupational therapy practitioners support individuals through personalized, client-centered care—but a person's health & participation are also shaped by the relationships, systems, & environments that surround them.

Ask Yourself:

Inclusionary or Exclusionary?
Barrier or Opportunity?



These layers of influence are why we advocate—not just for our clients, but for policy, systems, & communities that support access to occupational therapy.

Which level can you influence right now?

Grounding Practice in Reflection & Responsiveness: Two Sides of Effective Mental Health Occupational Therapy

Occupational therapy practitioners are key players in mental and behavioral health care. Our work supports individuals through client-centered, evidence-based interventions that promote dignity, participation, and emotional well-being. But for that work to be truly effective, it must be grounded in two equally vital components:

Personal Capability & System Responsiveness—two sides of the same coin.

Strengthening Practice Through Capability

The Mental Health Capability Framework (Australia) is a valuable reflection and growth tool, adaptable to U.S. practice when used alongside:

- The AOTA Occupational Therapy Practice Framework (OTPF-4)
- The AOTA Code of Ethics
- Relevant state/national supervision and competency standards

Why Use a Capability Framework?

- Grow professional capacity across career stages
- Use inclusive, trauma-informed, neurodiversity-affirming care
- Navigate evolving systems with confidence
- Advocate for expanded OT roles in behavioral health
- Uphold ethical, evidence-informed care



Capability Domains in Mental Health Occupational Therapy

Domain	Focus
Mental Health Systems & Diagnoses	Understand service models, diagnoses, co-occurring conditions
Assessment & Planning	Address risk, sensory needs, & life-stage in evaluations
Occupation-Focused Strategies	Use meaningful activity, group work, & therapeutic use of self
Sensory Modulation	Support emotional regulation & sensory participation
Structured Interventions	Integrate CBT, DBT, ACT, coaching, motivational interviewing, & other approaches
Client-Centered Practice & Growth	Reflect through supervision & feedback
Care Coordination	Promote seamless access through transitions & case management
Collaborative Partnerships	Engage with families, teams, & peer supports

Which capability areas do you use most often in your current role?
Which areas would you like to grow in?

Providing High-Quality, Client-Centered Care

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Where Occupational Therapy Supports Mental Health

Occupational therapy is everywhere mental health happens—from psychiatric units to peer-run recovery centers. Understanding where we already work helps us advocate for where we should be.

Academia & Research

- University-based behavioral health research initiatives
- Teaching roles focused on psychosocial & behavioral health
- Community-based participatory research in mental health promotion

Early Intervention & Schools

- Infant & early childhood mental health consultation
- Tiered mental health supports
- Behavioral support programs for students with emotional disturbances
- Transition programs supporting students aging out of special education
- Social-emotional learning initiatives in early childhood settings
- Play-based services that support development, shared interactions, & resilience

Community & Home Services

- Mobile mental health or crisis intervention teams
- Community reintegration programs
- Group homes for individuals with serious mental illness
- Peer-run wellness & recovery centers
- In-home mental health support for those with chronic behavioral conditions
- Prevention/wellness programs promoting social-emotional health
- Senior mental health & memory care services

Outpatient & Community Centers

- Community mental health centers
- Private practices with a mental health focus
- Not-for-profit organizations serving vulnerable populations
- Comprehensive outpatient rehab facilities with psychosocial components
- Co-located mental health & primary care clinics

Hospitals

- Inpatient psychiatric hospitals
- Behavioral health units in general hospitals
- Psychiatric emergency services
- Partial hospitalization & intensive outpatient programs
- Integrated care teams in medical hospitals treating comorbid mental health conditions



Justice System & Forensic Settings

- Correctional facilities and juvenile detention centers
- Re-entry programs for individuals post-incarceration
- Court diversion and mental health treatment courts
- Forensic psychiatric hospitals

Long-Term Care & Residential Facilities

- Long-term residential programs for serious mental illness or co-occurring disorders
- Skilled nursing facilities with dementia care and behavioral support
- Dual diagnosis treatment centers (mental health and substance use)

Society Driven Locations

- Homeless shelters & transitional housing programs
- Addiction recovery & harm-reduction programs
- Supported employment programs
- Faith-based wellness centers with mental health initiatives
- Arts-based mental health recovery programs
- Public libraries offering behavioral health programming
- Telehealth services for mental & behavioral health
- Veteran services & community-based trauma recovery programs



Where to Focus Advocacy

Whether you're providing services, leading a group, or submitting testimony—you are advocating. These steps help amplify our collective impact.



Understand Systems That Shape Practice

Stay informed about how mental health care is evolving. Monitor changes to funding, delivery models, and workforce roles—and identify where occupational therapy is missing or underused.

Build Awareness & Educate

Inform policymakers, insurers, providers, and the public about occupational therapy's unique role in mental and behavioral health—especially in prevention, recovery, and daily function.

Get a Seat at the Table

Serve on advisory boards, task forces, or agency workgroups to ensure OT perspectives are included in system-level decisions.

Track & Influence Policy

Engage in ConnOTA's legislative and regulatory efforts. Join advocacy days, submit testimony, or contact your legislators about mental health parity and occupational therapy inclusion.

Address Barriers in Reimbursement & Licensing

Advocate for consistent billing codes, equitable pay structures, and licensure language that reflects occupational therapy's full scope in mental health. Push for designation as Qualified Mental Health Providers (QMHPs) where applicable.

Collect Stories & Data That Drive Change

Demonstrate occupational therapy's value through outcome data, personal stories, and real-world examples that show impact on function, participation, and well-being.

Champion Occupational Therapy's Role in Integrated Care

Partner with other professionals and community leaders to expand access to occupational therapy services, especially in underserved settings like schools, community programs, and justice systems.

What's one step you could take to move forward this year?

Billing is Advocacy, Letting the Data Tell the Story

Coding & Billing: A Key Advocacy Strategy

Accurate coding and billing isn't just paperwork—it's a powerful advocacy tool. The CPT (Current Procedural Terminology) and HCPCS (Healthcare Common Procedure Coding System) codes we use affect how occupational therapy is recognized, funded, and included in mental health systems.

Why This Matters in Connecticut

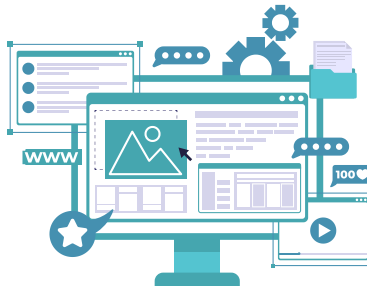
In our state, occupational therapy practitioners are not yet recognized as Qualified Mental Health Professionals (QMHPs)—a status some insurance companies require to bill for specific mental health services.

This limits access and reimbursement, even though OT practitioners are fully qualified to provide these services.

What Occupational Therapy Practitioners Can Do

- Know the Codes: Learn which codes are approved for OT in mental health—and where the restrictions are.
- Bill Accurately: Use the correct CPT and HCPCS codes to reflect the full scope of your services.
- Track Outcomes: Document the positive impact of your services to support future advocacy.
- Raise Your Voice: Use your knowledge to push for changes in reimbursement policy and provider designation.

Accurate billing is advocacy—it helps us prove our value and fight for better access to OT services in mental health.



The Bigger Picture

When we code and document well, we help build the case for:

- Recognition of OT as mental health providers
- Expanded access to services across payers
- Policy changes that reflect the true scope and value of OT in mental and behavioral health

**How confident do you feel in using mental health-related OT billing codes?
How could increasing your knowledge support your clients & the profession?**

Billing is Advocacy, Letting the Data Tell the Story

Reimbursement Systems

Occupational therapy is funded through multiple systems, each with unique rules and limits. To ensure access and advocate effectively, practitioners must understand how these systems work and where barriers arise.

Payer Source	Common OT Mental Health Settings	Key Considerations & Payment Structure
Medicare Part A	<ul style="list-style-type: none"> Inpatient psych units Behavioral health hospitals Partial hospitalization programs 	Provided through a bundled payment model that ties reimbursement to care quality & patient outcomes.
Medicare Part B	<ul style="list-style-type: none"> Outpatient mental health clinics Office-based private practices Hospital outpatient programs 	Reimbursed fee-for-service; high-quality care may earn bonuses through the Merit-based Incentive Payment System.
Medicare Advantage	<ul style="list-style-type: none"> Outpatient behavioral health centers Mental health day programs Partial hospitalization 	Covered if medically necessary; coverage, billing, & prior authorization vary by plan.
Medicaid	<ul style="list-style-type: none"> Group homes Early intervention School-based mental health support Community mental health centers 	May be covered as optional benefits; coverage details, codes, & prior authorization requirements vary by plan.
Private Insurance	<ul style="list-style-type: none"> Wellness programs Outpatient clinics Pediatric mental health services 	Varies; coverage limits, preauthorization, and billing requirements depend on the plan.
Grants	<ul style="list-style-type: none"> Community outreach programs University research & pilot projects Public mental health initiatives 	Available at federal, state, or local levels to fund community-based mental health projects.
Cash-Based	<ul style="list-style-type: none"> Private therapy practices Home visits Mobile mental health teams 	May be offered on a cash-based system, where clients pay out-of-pocket without insurance involvement.

Billing is Advocacy, Letting the Data Tell the Story

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Common CPT Codes Used by Occupational Therapy Practitioners

While the following CPT codes are not exclusive to mental or behavioral health, many commonly used occupational therapy codes can be applied to address emotional regulation, cognition, sensory processing, participation, and routines—depending on your client's goals and setting.

Using the right codes not only supports accurate billing and documentation, but also helps demonstrate occupational therapy's value in mental health, especially when paired with outcome data and advocacy efforts.

CPT Code	Description	Details
97165	Occupational therapy evaluation, low complexity	Initial evaluation for low complexity needs
97166	Occupational therapy evaluation, moderate complexity	Initial evaluation for moderate complexity needs
97167	Occupational therapy evaluation, high complexity	Initial evaluation for high complexity needs
97168	Occupational therapy re-evaluation	Follow-up evaluation to assess progress or changes
97110	Therapeutic procedure	Exercises to improve strength & endurance, ROM, & flexibility
97129	Therapeutic interventions (15 minutes; 97130 for each additional 15 minutes)	Focus on cognitive function & compensatory strategies
97150	Therapeutic procedure (group)	Group exercises to improve strength & endurance, ROM, & flexibility
97530	Therapeutic activities (each 15 minutes)	Dynamic activities to improve functional performance
97533	Sensory integrative techniques (each 15 minutes)	Techniques targeting sensory processing & promoting adaptive responses
97535	Self-care/home management training (each 15 minutes)	Focus on teaching self-care & home management skills
97537	Community/work reintegration training (each 15 minutes)	Focused on reintegration into community or work
97550	Caregiver training services (30 minutes; 97551 for each additional 15 minutes)	Training for caregivers without patient present
97552	Group caregiver training	Group training for caregivers without patient present



Billing is Advocacy, Letting the Data Tell the Story

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Common CPT Codes To Report Mental Health Services

While occupational therapy practitioners are trained to address behavioral & mental health needs—including using behavior-oriented interventions—many behavior codes are underutilized in Connecticut. This is significant because the underutilization of these behavior codes and the lack of formal recognition as mental health providers limits occupational therapy practitioners' ability to fully address behavioral and mental health needs. As a result, practitioners face challenges in securing appropriate reimbursement and providing comprehensive services, which restricts access to critical care for individuals who require mental health and behavioral support.

Why it matters: This transparency underscores structural barriers, provides context for advocacy, and validates the practitioner experience—such as struggles in navigating the system, being underutilized, and facing limitations in their role due to misperceptions or narrow expectations.

CPT Code	Description	Details
96112	Developmental testing (60 min; 96113 for each additional 30 min)	Conduct testing to assess cognition, language, motor, social-emotion
96127	Brief emotional/behavioral assessment	Quick screen for emotional & behavioral status
96156	Health behavior assessment, or reassessment	Evaluate psychological, behavioral, emotional, cognitive, & social factors
96158	Health behavior intervention, individual (30 min; 96159 for each additional 15 min)	Individual interventions targeting health-related behaviors
96164	Health behavior intervention, group (30 min; 96165 for each additional 15 min)	Group interventions targeting health-related behaviors
96167	Health behavior intervention, family with patient (30 min; 96168 each add. 15 min)	Family interventions alongside patient to targeting health-related behaviors
96170	Health behavior intervention, family no patient (30 min; 96171 each add. 15 min)	Family-only interventions to target dynamics & health-related behaviors
90791	Integrated biopsychosocial assessment, including hx., mental status, & recs	Conduct testing to assess mental health & make recommendations for treatment
90837	Psychotherapy	Psychotherapy to treat mental health disorders using therapeutic techniques

Billing is Advocacy, Letting the Data Tell the Story

HCPCS Codes: Expanding Access Through Accurate Billing

In addition to CPT codes, HCPCS (Healthcare Common Procedure Coding System) codes are used to describe specific healthcare services and supports—including those provided by occupational therapy practitioners in Medicare and Medicaid settings.

Why HCPCS Codes Matter for OT in Mental & Behavioral Health.


Some mental health service models—like Partial Hospitalization Programs (PHPs) or Intensive Outpatient Programs (IOPs)—require the use of HCPCS codes to bill accurately.

- Example:
- G0129 = Occupational therapy services (45+ minutes) delivered in a PHP or IOP
- This code ensures your work is appropriately documented and reimbursed in these intensive, structured care settings.

Key Takeaway for Practitioners

Understanding when and how to use HCPCS codes:

- Supports accurate reimbursement
- Ensures OT services are recognized in behavioral health models
- Helps build the case for broader access and policy change

 Reflection Prompt:

Have you ever worked in a setting where your OT services were difficult to bill or went unrecognized due to coding limitations? How might mastering HCPCS and CPT codes support your practice and advocacy efforts?

HCPCS Code	Description	Details
G0129	Occupational therapy services in PHP or IOP (45 min or more)	OT services requiring skills of a qualified occupational therapist
G0136	Occupational therapy services in intensive outpatient programs	OT services delivered as part of an intensive outpatient program
H2014	Skills training and development (per 15 min)	Behavioral skills training
H0031	Mental health assessment, by non-physician	Used when a non-physician conducts a mental health assessment

From Practice to Policy: Advancing OT in Mental Health

Advocacy Pathways: Advancing Occupational Therapy's Role in Mental & Behavioral Health

The work we do every day—as clinicians, educators, and leaders—lays the foundation for advocacy. Whether you're supporting clients, engaging in policy change, or sharing your story, you are helping to elevate occupational therapy's role in mental and behavioral health care.

Together, we can build awareness, remove barriers, and shape systems so that occupational therapy is fully recognized, reimbursed, and integrated across Connecticut's behavioral health landscape.

Everyday Advocacy Starts with Practice

1. Provide High-Quality, Client-Centered Care

Use evidence-based, trauma-informed, and recovery-oriented strategies—like CBT, mindfulness, motivational interviewing, expressive activities, & play-based interventions—to support emotional and functional well-being across the lifespan.

2. Document

Make sure your clinical documentation highlights client safety, social context, sensory needs, and mental health interventions--these elements don't just support care, they build a case for policy change.

3. Collaborate and Educate

Partner with interdisciplinary teams and families. Share case examples that demonstrate OT's impact on regulation, participation, and daily routines.

4. Raise Public Awareness

Host events, post on social media, or speak in your community about OT's role in mental and behavioral health. Help reduce stigma and increase understanding.

Systems-Level Advocacy: What Connecticut Needs Now

5. Advocate for OT Recognition as Mental Health Providers

Occupational therapy practitioners already provide mental health services in schools, early intervention, and adult care. We must ensure state language, billing rules, and policies reflect this.

6. Embed Occupational Therapy in Behavioral Health Frameworks

Push for occupational therapy inclusion in Medicaid-funded programs, school mental health teams, and community behavioral health clinics.

7. Share Stories and Data That Matter

Use real-life success stories and outcome data to create a narrative that connects care to policy. Decision-makers need to hear what works.

8. Support the Whole Occupational Therapy Workforce

Ensure both OTs and OTAs are recognized as essential mental health providers. This expands access, especially in underserved communities.

9. Think Long-Term

Systems change doesn't happen overnight. ConnOTA is committed to guiding a multi-year strategy that focuses on education, coalition-building, and sustainable change.

**Which advocacy pathway aligns most with your role or passion right now—
and how can you take the next step?**

Connecticut Mental Health Partners

1. Department of Mental Health and Addiction Services (DMHAS)

Why Focus? Leads adult behavioral health, including crisis services, housing, and recovery.

OT Advocacy Angle: Promote OT's role in recovery, life skills, and reintegration, especially in crisis teams and residential programs.

2. Certified Community Behavioral Health Clinics (CCBHCs)

Why Focus? Interdisciplinary, federally backed model with room for OT inclusion.

OT Advocacy Angle: Advocate for OT presence in teams at CHR, CMHA, BHcare, and Catholic Charities. Support expansion through state planning.

3. Department of Children and Families (DCF)

Why Focus? Directs children's behavioral health and trauma-informed systems.

OT Advocacy Angle: Highlight OT's support in regulation, routines, trauma recovery, and services for foster and at-risk youth.

4. United Way of Connecticut – 211

Why Focus? Statewide access hub for mental health services.

OT Advocacy Angle: Ensure OT services are listed, and train staff to refer for behavioral/mental health OT needs.

5. Connecting to Care

Why Focus? Helps families navigate mental health services for children.

OT Advocacy Angle: Position OT as a key provider in emotional regulation, school participation, and ADL-based interventions.

6. Mental Health Connecticut (MHC)

Why Focus? Focuses on wellness, recovery, and social inclusion.

OT Advocacy Angle: Collaborate on trainings around sensory needs, routines, and independent living.

7. NAMI Connecticut

Why Focus? Statewide leader in mental health advocacy and education.

OT Advocacy Angle: Partner in public outreach and education on OT's role in functional recovery and family support.

8. The Village for Families & Children

Why Focus? Offers outpatient and residential mental health services for children.

OT Advocacy Angle: Advocate for OT in trauma-informed care teams and transition supports.

9. Community Mental Health Affiliates (CMHA)

Why Focus? A CCBHC serving both adults and children across central CT.

OT Advocacy Angle: Showcase OT in wellness planning, functional skills, and long-term recovery support.

10. Department of Social Services (DSS)

Why Focus? Oversees Medicaid and program funding.

OT Advocacy Angle: Work to ensure behavioral health OT services are reimbursable and integrated into Medicaid-supported settings.

Learning from Others, Leading at Home

Lessons from the Field: What Other States Are Teaching Us

Across the country, occupational therapy associations are making strides to elevate the role of occupational therapy in mental and behavioral health systems. While each state's journey is unique, several recurring themes and strategies have emerged. These lessons can guide and strengthen Connecticut's advocacy efforts—and remind us that success is often incremental, strategic, and deeply collaborative.

Legislative Wins Take Time

Lesson: Legislative change rarely happens in one session. Some states spent years laying the groundwork—educating lawmakers, clarifying misconceptions, and building support.

What We Can Do in Connecticut:

- Treat each legislative session as part of a long-term strategy.
- Begin outreach early and follow up consistently.
- Celebrate small wins, such as raised awareness or added language in a bill.
- Make every meeting, testimony, or letter part of a sustained campaign.

Clarify What OT Already Does

Lesson: Success is more likely when occupational therapy is framed not as a “new provider,” but as a profession already delivering mental health services that deserve formal recognition and equitable reimbursement.

What We Can Do in Connecticut:

- Emphasize how occupational therapy supports mental & behavioral health across schools, clinics, and communities.
- Reassure stakeholders that we are not expanding our scope—just seeking formal acknowledgment of our contributions.
- Use real examples from practice to illustrate impact.

Go Beyond Provider Lists

Lesson: The strongest state strategies inserted occupational therapy into multiple areas of the behavioral health system—such as Medicaid language, children's services, mental health grants, and interdisciplinary standards.

What We Can Do in Connecticut:

- Advocate for inclusion in Medicaid definitions, workforce development programs, and early childhood initiatives.
- Identify where occupational therapy can be written into behavioral health innovation pilots and grant programs.
- Push for integration in systems that reach underserved populations.



Learning from Others, Leading at Home

Lessons from the Field: What Other States Are Teaching Us (2)

Position OT as a Workforce Solution

Lesson: Framing occupational therapy as part of the solution to the national behavioral health provider shortage helped several states gain bipartisan support.

What We Can Do in Connecticut:

- Highlight workforce shortages and how OT/OTA services fill critical gaps.
- Use data to show occupational therapy's reach in rural, underserved, and high-need areas.
- Emphasize how occupational therapy improves access, enhances outcomes, and supports equity.

Speak Up When Occupational Therapy is Left Out

Lesson: When occupational therapy was left out of key state reports or initiatives, some associations submitted timely, evidence-based public comments—and succeeded in getting occupational therapy added to final policies.

What We Can Do in Connecticut:

- Monitor public comment opportunities from state agencies and advisory boards.
- Respond with concise, evidence-based letters that highlight OT's value and relevance.
- Share data, personal stories, or case examples to make OT's contributions visible.
- Encourage members to submit comments individually to amplify the message.

Include OTAs in Advocacy Efforts

Lesson: Recognizing both OTs and OTAs in behavioral health legislation helped states strengthen their workforce pipeline and ensure inclusive, scalable service delivery.

What We Can Do in Connecticut:

- Advocate for the entire occupational therapy workforce, including OTAs.
- Highlight how OTAs expand service capacity, support affordability, and deliver culturally responsive care.
- Emphasize their critical roles in schools, community mental health, and underserved areas.



Learning from Others, Leading at Home

Lessons from the Field: What Other States Are Teaching Us (3)

Stay Alert to Federal Trends

Lesson: Federal policy shifts—especially related to Medicaid—can drastically impact access to mental health services. Some states built rapid response capacity to mobilize when proposed cuts threatened funding for community programs.

What We Can Do in Connecticut:

- Track proposed federal changes such as Medicaid work requirements, mental health funding cuts, school-based service reimbursement updates, and modifications to the CCBHC model.
- Partner with national organizations like AOTA and monitor CMS guidance for emerging risks or opportunities.
- Use this information to inform state-level strategy and respond quickly to protect and promote access to OT services across systems.

The Power of Persistent Advocacy

Whether you're...

- Sharing your story with a legislator,
 - Correcting misconceptions in a public meeting,
 - Submitting a public comment,
 - Educating families about occupational therapy's role in recovery,
- ...you are advocating.**

And it matters.

We strengthen our profession and our communities when we advocate not only for recognition and reimbursement, but for justice, access, and the dignity of our clients.

What's one state-level or federal issue you'll commit to learning more about this year?



Resources for Billing and Coding OT Mental Health Services

Navigating billing & coding for occupational therapy in mental health can be complex. These resources offer essential guidelines for accurate coding & maximizing reimbursement:

- [AOTA Billing & Coding Guide](#) – Occupational therapy-specific guidance for mental health services.
- [CMS CPT/HCPCS Code Lists](#) – Essential codes for occupational therapy services.
- [CMS HCPCS Coding & Billing Information](#) – Guidance on HCPCS codes for Medicare and Medicaid billing.
- [Medicare Mental Health Coverage](#) – Explains mental health services covered under Medicare.

These resources are designed to help occupational therapy practitioners navigate billing complexities, ensure compliance, & advocate effectively for occupational therapy services in mental health.

Connecticut Legislative Resources

Stay informed & engaged with Connecticut 's legislative landscape using the following resources:

- [Connecticut General Assembly \(CGA\)](#) – Official website for state legislation, bill tracking, committee schedules, and legislator contact information.
- [Find Your Legislators](#) – Look up CT state senators and representatives by town or district.
- [How a Bill Becomes Law in Connecticut](#) – Overview of the legislative process in Connecticut.
- [CT General Assembly Committees](#) – Identify committees related to healthcare, education, and labor policy that impact OT.
- [CT Secretary of the State's Civic Engagement Initiatives](#) – Guides on advocacy and state government.
- [Capitol Information and Tours](#) – Gain a firsthand look at where policy decisions are made.
- [Make the Most of Your Capitol Tour](#) – Tips on confidently advocating for the occupational therapy profession.

Occupational Therapy & Advocacy Resources

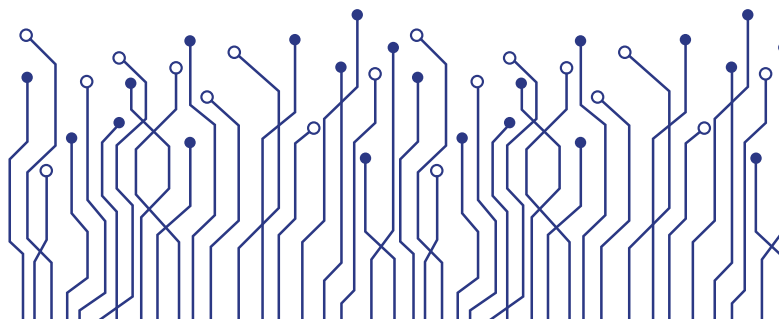
Expand your advocacy efforts with these occupational therapy-specific resources and opportunities:

- [ConnOTA Advocacy Center](#) – Updates on legislative priorities, action alerts, and advocacy tools.
- [AOTA Legislative Action Center](#) – National policy updates, resources, and guidance for advocacy
- [AOTA Representative Assembly \(RA\)](#) – Learn about Connecticut's voice in shaping national OT policies
- [AOTA Hill Day](#) – Opportunities to engage with policymakers at the federal level.
- [NBCOT Advocacy Resources](#) – Information on certification and professional standards.

Practical Advocacy Tools

Strengthen your voice and impact with tools designed to support your advocacy journey at both the state and national levels:

- Legislative Action Alerts ([ConnOTA](#) & [AOTA](#)) – Stay alert to both state and federal OT-related bills & advocacy activities. Monitor Connecticut legislation through ConnOTA & national policy changes through AOTA to take action when needed.
- [Advocacy Capacity Questionnaire \(members only\)](#) – Assess your advocacy skills, identify growth areas, & build confidence to drive meaningful change.
- [Advocacy Toolkit \(members only\)](#) – Strengthen your advocacy skills, communicate OT's impact, & navigate policy, community, & workplace advocacy with confidence.
- [Connecticut Department of Public Health Scope of Practice Process](#) – Understand how scope of practice changes are reviewed.



Honoring Scholarly Contributions and Practice-Based Wisdom

To continue advancing high-quality, client-centered care in mental and behavioral health, this guide has been enriched with insights from occupational therapy scholars and clinicians who are expanding the profession's role through research, innovation, and advocacy. These additions reinforce our scope of practice and highlight tools that align with recovery, participation, and wellness goals.

Expanded Structured Interventions

Occupational therapy practitioners use a range of structured, evidence-based approaches to support recovery. In addition to CBT, DBT, ACT, and coaching, this guide now includes:

- Motivational Interviewing – a client-centered, goal-oriented method used across settings to enhance engagement, support behavior change, and promote occupational participation.

Occupation-Focused Strategies with Expressive Media

We recognize the therapeutic value of expressive activities in building rapport, supporting non-verbal expression, and reducing stress. These approaches:

- Use projective media—such as arts and crafts or movement—to support self-regulation, engagement, and connection to meaningful roles.
- Align with occupational therapy's scope while respecting the distinction from formal art therapy.

Play-Based Interventions in Pediatric Mental Health

Occupational therapy practitioners support mental health in children and youth through:

- Play-based interventions that promote co-occupation and emotional well-being, while mitigating the effects of adversity through engagement in meaningful play.
- Distinct from play therapy, these approaches support developmentally appropriate routines, regulation, and peer participation.

Practice-Informed Advocacy

Recognizing and applying these tools strengthens not only service quality but also system-level advocacy. These strategies demonstrate occupational therapy's distinct contribution in behavioral health and can be used to:

- Showcase our relevance in recovery and prevention frameworks.
- Inform collaborative care models.
- Drive inclusion in policy, funding, and interdisciplinary teams.

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