



House of Representatives

General Assembly

File No. 536

February Session, 2000

Substitute House Bill No. 5525

House of Representatives, April 11, 2000

The Committee on Appropriations reported through REP. DYSON of the 94th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

An Act Establishing A Children's Behavioral Health Advisory Committee To The State Advisory Council On Children And Families.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (a) of section 17a-4 of the general statutes is
2 repealed and the following is substituted in lieu thereof:

3 (a) There shall be a State Advisory Council on Children and
4 Families which shall consist of fifteen members appointed by the
5 Governor, including at least five persons who are child care
6 professionals, one child psychiatrist licensed to practice medicine in
7 this state [] and at least one attorney. [and at least three members
8 between fifteen and twenty-two years of age at the date of their
9 appointment.] The balance of the advisory council shall be
10 representative of young persons, parents and others interested in the
11 delivery of services to children and youth. Members of the council
12 shall serve without compensation, except for necessary expenses

13 incurred in the performance of their duties. No person shall serve for
14 more than two consecutive terms. The commissioner shall be an ex-
15 officio member of the council without vote and shall attend its
16 meetings. Any member who fails to attend three consecutive meetings
17 or fifty per cent of all meetings during any calendar year shall be
18 deemed to have resigned. The council shall elect a chairman and vice-
19 chairman to act in the chairman's absence.

20 Sec. 2. (NEW) (a) There is established a Children's Behavioral Health
21 Advisory Committee to the State Advisory Council on Children and
22 Families which shall promote and enhance the provision of behavioral
23 health services for all children in this state.

24 (b) The Children's Behavioral Health Advisory Committee shall be
25 composed of fifteen members as follows: (1) The Commissioner of
26 Social Services or the commissioner's designee; (2) the Commissioner
27 of Children and Families or the commissioner's designee; (3) the
28 Executive Director of the Children's Health Council or said director's
29 designee; (4) the Chief Court Administrator or said administrator's
30 designee; (5) the Commissioner of Education or the commissioner's
31 designee; (6) the Commissioner of Mental Health and Addiction
32 Services or the commissioner's designee; (7) the Commissioner of
33 Mental Retardation or the commissioner's designee; (8) two members
34 appointed by the Governor, one member who shall be a parent of a
35 child who receives behavioral health services and the other a provider
36 of behavioral health services; and (9) one member each shall be
37 appointed by the president pro tempore of the Senate, the speaker of
38 the House of Representatives, the majority leader of the Senate, the
39 majority leader of the House of Representatives, the minority leader of
40 the Senate and the minority leader of the House of Representatives, all
41 of whom shall be knowledgeable on issues relative to children in need
42 of behavioral health services and family supports. The membership of
43 the advisory committee shall fairly and adequately represent parents
44 of children who have a serious emotional disturbance. At least fifty per

45 cent of the members of the advisory committee shall be persons other
46 than state employees or providers of behavioral health services.

47 (c) All appointments to the advisory committee shall be made no
48 later than sixty days after the effective date of this section. Any
49 vacancy shall be filled by the appointing authority. Members shall
50 serve two-year terms.

51 (d) The advisory committee shall elect two cochairpersons from
52 among its members, one of whom shall be the parent of a child with a
53 serious emotional disturbance. The advisory committee shall meet at
54 least bimonthly. Members of the advisory committee shall serve
55 without compensation.

56 (e) Not later than October first of each year, the advisory committee
57 shall submit a status report on local systems of care and practice
58 standards for state-funded behavioral health programs to the State
59 Advisory Council on Children and Families.

60 (f) Not later than October first of each odd-numbered year, the
61 advisory committee shall submit recommendations concerning the
62 provision of behavioral health services for all children in the state to
63 the State Advisory Council on Children and Families. The
64 recommendations shall address, but shall not be limited to, the
65 following: (1) The target population for children with behavioral
66 health needs, and assessment and benefit options for children with
67 such needs; (2) the appropriateness and quality of care for children
68 with behavioral health needs; (3) the coordination of behavioral health
69 services provided under the HUSKY Plan with services provided by
70 other publicly-funded programs; (4) performance standards for
71 preventive services, family supports and emergency service training
72 programs; (5) assessments of community-based and residential care
73 programs; (6) outcome measurements by reviewing provider practice;
74 and (7) a medication protocol and standards for the monitoring of
75 medication and after-care programs.

76 Sec. 3. Not later than January 1, 2001, the Commissioner of Social
77 Services shall (1) evaluate the process for determining eligibility for
78 enrolment in the HUSKY Plan, Part A and Part B, and (2) develop a
79 plan to improve the process for determining such eligibility and
80 redetermination of eligibility. The commissioner shall submit any
81 findings and such plan to the Governor and to the joint standing
82 committee of the General Assembly having cognizance of matters
83 relating to human services.

84 Sec. 4. This act shall take effect July 1, 2000.

HS Committee Vote: Yea 18 Nay 0 JFS C/R APP
APP Committee Vote: Yea 47 Nay 0 JF

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: Minimal Cost

Affected Agencies: Departments of Children and Families, Education, Mental Health and Addiction Services, Mental Retardation, Social Services; Judicial Department

Municipal Impact: None

Explanation

State Impact:

It is anticipated that representatives of state agencies designated as members of the Children’s Behavioral Health Advisory Committee will be able to participate in the committee’s work within their agency’s respective budgetary resources.

Section 3 requires the Department of Social Services (DSS) to evaluate the enrolment process for the HUSKY Program and develop a plan to improve the eligibility process. It is expected that the DSS can carry out this evaluation within its anticipated budgetary resources.

OLR Bill Analysis

sHB 5525

AN ACT ESTABLISHING A CHILDREN'S BEHAVIORAL HEALTH ADVISORY COMMITTEE TO THE STATE ADVISORY COUNCIL ON CHILDREN AND FAMILIES.

SUMMARY:

This bill establishes a 15-member Children's Behavioral Health Advisory Committee to the State Advisory Council on Children and Families to promote and enhance behavioral health (BH) service delivery for children. The committee must submit to the council (1) annual reports (by October 1) on local systems of care and practice standards of state-funded BH programs and (2) biannual recommendations concerning BH service delivery.

The bill eliminates a requirement that at least three members of the 15-member council be individuals between the ages of 15 and 22, but retains the requirement that at least nine council members be representative of young people, parents, and other interested parties.

The bill also requires the Department of Social Services (DSS) commissioner by January 1, 2001 to (1) evaluate the eligibility process for HUSKY Parts A and B and (2) develop a plan to improve both this process and the eligibility renewal process. She must submit her findings to the governor and the Human Services Committee. (The bill does not specify a deadline for the commissioner to report.)

EFFECTIVE DATE: July 1, 2000

BEHAVIORAL HEALTH ADVISORY COMMITTEE

Membership

The council is composed of the following individuals who serve without compensation for two-year terms:

1. the DSS and departments of Children and Families (DCF), Education (SDE), Mental Health and Addiction Services (DMHAS), and Mental Retardation (DMR) commissioners, or their designees;
2. the executive director of the Children's Health Council, or her designee;
3. the chief court administrator or his designee;
4. a parent of a child receiving BH services and a BH provider, both appointed by the governor; and
5. six individuals knowledgeable on issues related to children needing BH services and family supports, one each appointed by House and Senate majority and minority leadership.

The committee's membership must fairly and adequately represent parents of children who have a serious emotional disturbance (SED), and at least half must be non-state employees or BH providers. The committee elects two co-chairpersons, one of whom must be a parent of a child with a SED.

The appointments must be made within 60 days after the bill's effective date. Vacancies must be filled by the appointing authority.

Responsibilities

The bill requires the committee to meet at least once every other month. By October 1 of each odd-numbered year the committee must submit recommendations to the council that address at least the following:

1. the target population, assessment and benefit options, and appropriateness and quality of care for children with BH needs;
2. the coordination of BH services under the HUSKY program with those provided by other publicly-funded programs;
3. performance standards for preventive service, family supports, and emergency service training programs;

4. community-based and residential care assessments;
5. outcome measurements by reviewing provider practice; and
6. medication protocol and standards for monitoring medication and after-care programs.

BACKGROUND

SED

SEDs are disorders that severely disrupt a child's daily functioning in home, school, or the community. They include depression, attention-deficit/hyperactivity, anxiety, schizophrenia, and conduct and learning disorders. Children with SED diagnoses are often involved with several state agencies (*i.e.*, DCF, DSS, DMHAS, DMR, or the SDE) and need services at varying intensity levels over extended periods.

HUSKY

HUSKY A is the state's Medicaid managed care program for children living in households with incomes up to 185% of the federal poverty level (\$26,178 for a three-person family). HUSKY B's subsidized portion covers uninsured children between 185% and 300% of the federal poverty level (some premium and co-pay charges are assessed, depending on income). Uninsured children with higher family incomes can also enroll, but must pay full premium and co-pay charges.

The HUSKY plans cover a range of BH services, including hospitalization, residential treatment, and community-based care. Children eligible for subsidized coverage who have intensive behavioral health needs may also be eligible for more services through the HUSKY Plus program. The federal government provides matching funds for most HUSKY expenditures.

Systems of Care

Under the system-of-care model, state and local agencies including

schools, community service providers, families, and advocacy groups collaborate to deliver family-centered services to meet children’s emotional, behavioral, and educational needs. One entity (the “lead service agency”) usually takes on the chief administrative and fiduciary role for the system. Currently, there are 19 systems of care in various stages of development throughout Connecticut.

Related Bills

SB 315, favorably reported by the Children’s and Human Services committees, establishes treatment planning principles for the state’s voluntary system of mental health care for children at risk of out-of-home placement. It includes SED children among those the system can serve. It requires the development of outcome-based performance measures for the system and a financing structure that pools existing state and federal mental health treatment funds to pay system costs.

The bill also appropriates \$900,000 in FY 2000-01 to DCF to pay for mental health clinical support at Healthy Families sites. It requires the Department of Education to report to the Children’s Committee by January 1, 2001 on expanding its school-based mental health detection and prevention program to more schools and more grades.

sHB 5529, favorably reported by the Human Services Committee, requires the DSS and DCF commissioners to develop and jointly administer an integrated BH service delivery system. The system is for children and youth with SED who are eligible for HUSKY or DCF’s voluntary services program.

sSB 312, favorably reported by the Children’s and Human Services committees, establishes a BH bureau in DCF.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute Change of Reference
Yea 18 Nay 0

Appropriations Committee

Joint Favorable Report
Yea 47 Nay 0