



Substitute Senate Bill No. 678

Public Act No. 08-165

AN ACT ESTABLISHING A COMMUNITY-BASED HEALTH AND HUMAN SERVICES CABINET.

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

Section 1. (NEW) (*Effective from passage*) (a) (1) There shall be a Health and Human Services Cabinet. For the first two years of the cabinet, the chairpersons of the cabinet shall be the Governor or the Governor's designee and the Senate chair of the joint standing committee of the General Assembly having cognizance of matters relating to human services, or the Senate chair's designee. For the final two years of the cabinet, the chairpersons shall be the Governor or the Governor's designee and the House of Representatives chair of the joint standing committee of the General Assembly having cognizance of matters relating to appropriations, or the House of Representatives chair's designee. The cabinet shall consist of the Commissioners of the Department of Mental Health and Addiction Services, the Department of Developmental Services, the Department of Social Services, the Department of Public Health, the Department of Children and Families, and the Department of Correction, or the commissioners' designees, the Secretary of the Office of Policy and Management, or the secretary's designee, the Executive Directors of the Judicial Branch Court Support Services Division and of the Children's Trust Fund or the executive directors' designees, and the following appointees: (A)

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Two by the Governor, one of whom shall be a provider of health and human services and one of whom shall be a parent of a child or adult with disabilities; (B) one by the president pro tempore of the Senate, upon the recommendation of the executive director of Council 4 AFSCME; (C) one by the speaker of the House of Representatives, who shall have knowledge in the area of social services; (D) one by the majority leader of the House of Representatives, who shall have knowledge of economics; (E) one by the majority leader of the Senate, who shall have knowledge of Medicaid policy; (F) one by the minority leader of the House of Representatives, who shall have knowledge of mental health issues; (G) one by the minority leader of the Senate, who shall have knowledge of purchase of service agreements; (H) one by the speaker of the House of Representatives upon the recommendation of the chief executive officer of the Connecticut Community Providers Association; (I) one by the president pro tempore of the Senate upon the recommendation of the executive director of the Connecticut Association of Nonprofits; (J) one by the majority leader of the House of Representatives who shall have knowledge of services provided by The Arc of Connecticut; (K) one by the majority leader of the Senate upon the recommendation of the president of SEIU 1199; (L) one by the minority leader of the Senate who shall have knowledge of the labor market; and (M) one by the minority leader of the House of Representatives who shall have knowledge of issues before the Connecticut Nonprofit Human Services Cabinet.

(2) All initial appointments to the cabinet shall be made not later than August 1, 2008. Any vacancy thereafter shall be filled by the appointing authority. The cochairpersons shall convene the first meeting of the cabinet not later than September 1, 2008.

(3) The cabinet may, within available appropriations, contract with consultants having expertise in the areas of economics, labor, higher education or accounting to assist the board in carrying out its duties,

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and it may receive funds from any public or private source to carry out its activities.

(4) The cabinet shall be located within the Office of Policy and Management for administrative purposes only.

(b) (1) On or before December 15, 2008, with respect to not-for-profit community providers providing services under purchase of service agreements, the cabinet shall, within available appropriations: (A) Identify funding issues, (B) develop proposed budget recommendations, (C) categorize community providers by function, financial status, constituency served or any other relevant category that will demonstrate the financial status of any community provider or groups of community providers, and (D) identify best practices regarding funding and funding structures in this state or other states. For purposes of subparagraph (C), "financial status" means the ability of the community provider to appropriately meet the needs of its clients and its mission in a sustainable way.

(2) On or before June 30, 2009, the cabinet shall, within available appropriations: (A) Conduct a statewide assessment of the system structure serving the state, (B) assess the contracting processes and make suggestions for streamlining, transparency and accountability, (C) identify a sustainable funding structure, and (D) develop results based accountability measures for the human services delivery system.

(3) On or before January 1, 2010, the cabinet shall establish an integrated strategic plan for serving Connecticut's health and human service needs that shall include, but not be limited to, identifying an integrated, outcome-based service system that maximizes federal and state funding, a sustainable funding structure that specifically addresses long-term funding solutions for not-for-profit community providers providing services under purchase of service contracts, methods for interdepartmental cooperation, methods for colocation of

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services, cooperative programming, and cooperative purchasing agreements.

(c) No later than December 31, 2012, the cabinet shall recommend to the Governor, the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and human services, a governance plan that identifies the appropriate coordinating entity to implement the statewide Health and Human Services Plan. The cabinet shall terminate upon submission of such recommendations.

Vetoed June 13, 2008