



House of Representatives

File No. 830

General Assembly

January Session, 2023

(Reprint of File No. 743)

Substitute House Bill No. 6900
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 25, 2023

***AN ACT CONCERNING THE TRANSFORMING CHILDREN'S
BEHAVIORAL HEALTH POLICY AND PLANNING COMMITTEE.***

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

1 Section 1. Section 2-137 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) There is established a Transforming Children's Behavioral [and
4 Mental] Health Policy and [Oversight] Planning Committee. The
5 committee shall evaluate the availability and efficacy of prevention,
6 early intervention, and [mental] behavioral health treatment services
7 and options for children from birth to age eighteen and make
8 recommendations to the General Assembly and executive agencies
9 regarding the governance and administration of the [mental] behavioral
10 health care system for children. The committee shall be within the
11 Legislative Department. For purposes of this section, "behavioral
12 health" means mental health and substance use disorders, as well as
13 overall psychological well-being.

14 (b) The committee shall consist of the following members:

15 (1) The chairpersons and ranking members of the joint standing
16 committees of the General Assembly having cognizance of matters
17 relating to public health, human services, children and appropriations
18 and the budgets of state agencies, or their designees;

19 (2) Three appointed by the speaker of the House of Representatives,
20 one of whom shall be a member of the General Assembly and two of
21 whom shall be providers of [mental, emotional or] behavioral health
22 services for children in the state;

23 (3) Three appointed by the president pro tempore of the Senate, one
24 of whom shall be a member of the General Assembly and two of whom
25 shall be representatives of private advocacy groups that provide
26 services for children and families in the state;

27 (4) (A) Two appointed by the chairperson of the committee selected
28 by the speaker of the House of Representatives pursuant to subsection
29 (e) of this section, one of whom shall be a child or youth advocate; and
30 (B) two appointed by the chairperson of the committee selected by the
31 president pro tempore of the Senate pursuant to subsection (e) of this
32 section, one of whom shall be a child or youth advocate;

33 ~~[(4)]~~ (5) Two appointed by the majority leader of the House of
34 Representatives, who shall be representatives of children's hospitals;

35 ~~[(5)]~~ (6) One appointed by the majority leader of the Senate, who shall
36 be a representative of public school superintendents in the state;

37 ~~[(6)]~~ (7) Two appointed by the minority leader of the House of
38 Representatives, who shall be representatives of families with children
39 who have been diagnosed with [mental, emotional or] behavioral health
40 disorders;

41 ~~[(7)]~~ (8) Two appointed by the minority leader of the Senate, who
42 shall be providers of [mental or] behavioral health services;

43 [(8)] (9) The Commissioners of Children and Families, Correction,
44 Developmental Services, Early Childhood, Education, Insurance,
45 Mental Health and Addiction Services, Public Health and Social
46 Services, or their designees;

47 [(9)] (10) The executive director of the Office of Health Strategy, or
48 the executive director's designee;

49 [(10)] (11) The Child Advocate, or the Child Advocate's designee;

50 [(11)] (12) The Healthcare Advocate, or the Healthcare Advocate's
51 designee;

52 [(12)] (13) The executive director of the Court Support Services
53 Division of the Judicial Branch, or the executive director's designee;

54 [(13)] (14) The executive director of the Commission on Women,
55 Children, Seniors, Equity and Opportunity, or the executive director's
56 designee;

57 [(14)] (15) The Secretary of the Office of Policy and Management, or
58 the secretary's designee; and

59 [(15)] (16) One representative from each administrative services
60 organization under contract with the Department of Social Services to
61 provide such services for recipients of assistance under the HUSKY
62 Health program, who shall be ex-officio, nonvoting members.

63 (c) Any member of the committee appointed under subdivisions (1)
64 to [(7)] (8), inclusive, of subsection (b) of this section may be a member
65 of the General Assembly.

66 (d) Any vacancy shall be filled by the appointing authority.

67 (e) The chairpersons of the committee shall be (1) the Secretary of the
68 Office of Policy and Management, or the secretary's designee, and [a
69 member] (2) two members of the General Assembly, [selected jointly]
70 one each selected by the speaker of the House of Representatives and

71 the president pro tempore of the Senate from among the members
72 serving pursuant to subdivision (1), (2) or (3) of subsection (b) of this
73 section. [shall be co-chairpersons of the committee. Such co-
74 chairpersons] The three chairpersons shall schedule the first meeting of
75 the committee, which shall be held not later than [sixty days after May
76 4, 2022] September 1, 2023.

77 (f) Members of the committee shall serve without compensation,
78 except for necessary expenses incurred in the performance of their
79 duties.

80 (g) Not later than [January] December 1, 2023, the committee shall
81 report, in accordance with section 11-4a, to the joint standing
82 committees of the General Assembly having cognizance of matters
83 relating to appropriations and the budgets of state agencies, public
84 health, human services and children, and the [Secretary of the] Office of
85 Policy and Management, regarding the following:

86 (1) Any statutory and budgetary changes needed concerning the
87 [mental] behavioral health system of prevention, development and
88 treatment that the committee recommends to (A) improve
89 developmental [, mental health] and behavioral health outcomes for
90 children; (B) improve transparency and accountability with respect to
91 state-funded services for children and youth with an emphasis on goals
92 identified by the committee for community-based programs and
93 facility-based interventions; and (C) promote the efficient sharing of
94 information by state and state-funded agencies to ensure the regular
95 collection and reporting of data regarding children and families' access
96 to, utilization of and benefit from services necessary to promote public
97 health and [mental and] behavioral health outcomes for children and
98 youth and their families; [.]

99 (2) The gaps in services identified by the committee with respect to
100 children and families involved in the [mental] behavioral health system,
101 and recommendations to address such gaps in services;

102 (3) Strengths and barriers identified by the committee that support or

103 impede the [mental] behavioral health needs of children and youth with
104 specific recommendations for reforms;

105 (4) An examination of the way state agencies can work collaboratively
106 through school-based efforts and other processes to improve [mental
107 health and] developmental and behavioral health outcomes for
108 children;

109 (5) An examination of disproportionate access and outcomes across
110 the [mental] behavioral health care system for children of color;

111 (6) An examination of disproportionate access and outcomes across
112 the [mental] behavioral health care system for children with
113 developmental disabilities;

114 (7) A plan to ensure a quality assurance framework for facilities and
115 programs that are part of the [mental] behavioral health care system and
116 are operated privately or by the state that includes data regarding
117 efficacy and outcomes; and

118 (8) A governance structure for the children's [mental] behavioral
119 health system that will best facilitate the public policy and healthcare
120 goals of the state to ensure that all children and families, in urban, rural
121 and all other areas of the state, can access high-quality [mental]
122 behavioral health care.

123 (h) The committee [shall] may complete its duties under this section
124 after requesting consultation with one or more organizations that focus
125 on [the quality of services for children or research related to the well-
126 being of children, including, but not limited to, The Child Health and
127 Development Institute or Connecticut Voices for Children] children's
128 behavioral health. The committee may accept administrative support
129 and technical and research assistance from any [such] organization. [The
130 committee shall work in collaboration with any results-first initiative
131 implemented pursuant to any section of the general statutes or any
132 public or special act.]

133 (i) The committee shall be given access to data collected by the state
134 on matters related to children's behavioral health from the relevant state
135 agencies or directly from contracted administrative service
136 organizations, as applicable.

137 (j) The committee [shall] may include two or more subcommittees
138 chaired by a member of the committee to inform its recommendations.
139 The subcommittees may focus on: Workforce-related issues, school-
140 based health, prevention, and intermediate or acute care. [All] Any
141 subcommittees [shall] may examine gaps, reimbursement rates, parity
142 in the outcomes of services [and] or the efficacy of services.

143 (k) The committee shall, annually, establish a [time frame] work plan
144 for reviewing and making follow-up reports on the status or progress of
145 the committee's recommendations and activities. [Each report
146 submitted by the committee pursuant to this subsection] The work plan
147 shall include specific recommendations to improve outcomes related to
148 children's [mental, emotional or] behavioral health and a timeline
149 indicating dates by which specific tasks or outcomes should be
150 achieved.

151 (l) The committee shall develop a strategic plan that integrates the
152 recommendations identified pursuant to subsection (g) of this section.
153 [The plan may include short-term, medium-term and long-term goals.]
154 In developing the plan, the committee [shall] may collaborate with any
155 state agency with responsibilities relating to the [mental] behavioral
156 health system.

157 (m) Not later than [August 1, 2023] December 1, 2024, the committee
158 shall report, in accordance with section 11-4a, such plan, together with
159 an account of progress made toward the full implementation of such
160 plan, and any recommendations concerning the implementation of
161 identified goals in the plan to the joint standing committees of the
162 General Assembly having cognizance of matters relating to
163 appropriations and the budgets of state agencies, public health, human
164 services and children, and the [Secretary of the] Office of Policy and

165 Management.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	2-137

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill modifies the name of the committee, alters the committee appointments, changes the reporting dates, and makes various technical changes resulting in no fiscal impact to the state.

House "A" changes the effective date and the date of the committee's first meeting resulting in no fiscal impact to the state.

The Out Years

State Impact: None

Municipal Impact: None

The preceding Fiscal Impact statement is prepared for the benefit of the members of the General Assembly, solely for the purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Bill Analysis**sHB 6900 (as amended by House "A")******AN ACT CONCERNING THE TRANSFORMING CHILDREN'S BEHAVIORAL HEALTH POLICY AND PLANNING COMMITTEE.*****SUMMARY:**

The bill makes various changes regarding the Behavioral and Mental Health Policy and Oversight Committee, including 1) changing the name 2) changing the number of committee members and 3) changing reporting dates.

*House Amendment "A" (1) changes the effective date to effective from passage and (2) changes the deadline for when the committee must hold its first meeting from July 1, 2023 to September 1, 2023.

EFFECTIVE DATE: Effective from passage

Committee Changes

The bill changes the name of the committee to Transforming Children's Behavioral Health Policy and Planning Committee and defines behavioral health as mental health and substance use disorders, as well as overall psychological well-being.

The bill requires the speaker of the House and the president pro tempore of the Senate to each select one chairperson and increases the number of committee members by four:

1. Two appointed by the chairperson of the committee selected by the speaker of the House of Representatives, with one who is a child or youth advocate.

2. Two appointed by the chairperson of the committee selected by the president pro tempore of the Senate, with one who is a child or youth advocate.

The bill specifies that the committee will hold its first meeting by September 1, 2023, and changes its initial reporting deadline to December 1, 2023, and its final reporting deadline to December 1, 2024.

The bill makes various changes to the reporting requirements of the committee:

1. Includes urban, rural, and other areas of the state in the governance structure for the children's behavioral health system.
2. Allows instead of requiring the committee to consult with certain children's behavioral health organizations, to include two or more subcommittees chaired by a member of the committee to inform its recommendations, and collaborate with certain state agencies.
3. Removes the requirement that the committee shall work with a results-first initiative.
4. Allows instead of requiring the committee to include two or more subcommittees chaired by a member of the committee to inform its recommendations.
5. Requires the committee to annually establish a work plan.

The bill also makes various minor and technical changes.

COMMITTEE ACTION

Appropriations Committee

Joint Favorable Substitute

Yea	52	Nay	0	Absent/Not Voting	1
-----	----	-----	---	-------------------	---