



General Assembly

Substitute Bill No. 6900

January Session, 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 Section 2-137 of the general statutes is repealed and the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 October 1, 2023*):

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]
10 behavioral health care system for children. The committee shall be
11 within the Legislative Department. For purposes of this section,
12 "behavioral health" means mental health and substance use disorders,
13 as well as 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
25 whom shall be representatives of private advocacy groups that
26 provide 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
36 shall 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
40 health 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
68 the Office of Policy and Management, or the secretary's designee, and
69 [a member] (2) two members of the General Assembly, [selected
70 jointly] one each selected by the speaker of the House of
71 Representatives and the president pro tempore of the Senate from
72 among the members serving pursuant to subdivision (1), (2) or (3) of
73 subsection (b) of this section. [shall be co-chairpersons of the
74 committee. Such co-chairpersons] The three chairpersons shall
75 schedule the first meeting of the committee, which shall be held not

76 later than [sixty days after May 4, 2022] July 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
85 of 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
92 goals 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
101 system, and recommendations to address such gaps in services;

102 (3) Strengths and barriers identified by the committee that support
103 or impede the [mental] behavioral health needs of children and youth
104 with specific recommendations for reforms;

105 (4) An examination of the way state agencies can work
106 collaboratively through school-based efforts and other processes to

107 improve [mental health and] developmental and behavioral health
108 outcomes for 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
116 and 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,
121 rural 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.
130 [The committee shall work in collaboration with any results-first
131 initiative implemented pursuant to any section of the general statutes
132 or any 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
135 state 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
144 plan for reviewing and making follow-up reports on the status or
145 progress of the committee's recommendations and activities. [Each
146 report submitted by the committee pursuant to this subsection] The
147 work plan shall include specific recommendations to improve
148 outcomes related to children's [mental, emotional or] behavioral health
149 and a timeline indicating dates by which specific tasks or outcomes
150 should be 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:

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| Section 1 | October 1, 2023 | 2-137 |
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APP *Joint Favorable Subst.*