



**Substitute House Bill No. 6900**

**Public Act No. 23-90**

**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:

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 Section 2-137 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

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

(1) The chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services, children and appropriations

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and the budgets of state agencies, or their designees;

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

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

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

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

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

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

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

[(8)] (9) The Commissioners of Children and Families, Correction, Developmental Services, Early Childhood, Education, Insurance,

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Mental Health and Addiction Services, Public Health and Social Services, or their designees;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) The gaps in services identified by the committee with respect to children and families involved in the [mental] behavioral health system,

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and recommendations to address such gaps in services;

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

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

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

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

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

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

(h) The committee [shall] may complete its duties under this section after requesting consultation with one or more organizations that focus on [the quality of services for children or research related to the well-being of children, including, but not limited to, The Child Health and Development Institute or Connecticut Voices for Children] children's behavioral health. The committee may accept administrative support

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and technical and research assistance from any [such] organization. [The committee shall work in collaboration with any results-first initiative implemented pursuant to any section of the general statutes or any public or special act.]

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

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

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

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

(m) Not later than [August 1, 2023] December 1, 2024, the committee

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shall report, in accordance with section 11-4a, such plan, together with an account of progress made toward the full implementation of such plan, and any recommendations concerning the implementation of identified goals in the plan to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, public health, human services and children, and the [Secretary of the] Office of Policy and Management.

Approved June 26, 2023