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

SUMMARY: This act makes various changes to the Behavioral and Mental Health Policy and Oversight Committee, established under PA 22-47 (§ 70) to (1) evaluate the availability and efficacy of prevention, early intervention, and mental health treatment services and options for children (birth to age 18) and (2) make recommendations to the legislature and executive agencies on the governance and administration of the mental health care system for children.

The act renames the committee the Transforming Children’s Behavioral Health Policy and Planning Committee and broadens the scope of its charge to also include children’s substance use disorders and overall psychological well-being.

It also makes the following changes to the committee:

1. changes its composition and adds four new members, two of whom must be a child or youth advocate;
2. allows, rather than requires, it to have two or more subcommittees to inform its recommendations;
3. allows the subcommittees to examine gaps, reimbursement rates, parity in service outcomes, or the efficacy of services, instead of requiring them to examine all of these attributes;
4. removes a requirement for it to collaborate with results-first initiatives implemented by state law;
5. allows it to consult with any organization that focuses on children’s behavioral health, instead of requiring it to consult with organizations such as The Child Health and Development Institute or Connecticut Voices for Children; and
6. extends certain reporting deadlines.

The act also makes technical and conforming changes.

EFFECTIVE DATE: Upon passage

SCOPE OF THE COMMITTEE’S CHARGE

Regarding the committee’s charge to evaluate and make recommendations on mental health treatment services, the act replaces the term “mental health” with “behavioral health” and specifically defines it as mental health and substance use disorders, as well as overall psychological well-being. In doing so, the act broadens the scope of the committee’s charge to include children’s substance use disorders and overall psychological well-being. It also makes conforming changes, including ones related to the certain committee members’ expertise and the committee’s required reports and work plans.
COMMITTEE COMPOSITION AND MEMBERSHIP

Membership

The act increases the committee’s membership from 13 to 17 by adding the following members:

1. two appointed by the committee chairperson who was selected by the House speaker and
2. two appointed by the committee chairperson who was selected by the Senate president.

One of the two new members each chairperson appoints must be a child or youth advocate.

Chairpersons and Meetings

The act increases the number of committee chairpersons from two to three. Under existing law, unchanged by the bill, the Office of Policy and Management (OPM) secretary or his designee must serve as one of the committee’s chairpersons. Prior law required the other chairperson to be a legislator, selected jointly by the House speaker and Senate pro-tempore, from committee members who are (1) legislative committee chairpersons, ranking members, or their designees or (2) the House speaker’s or Senate president’s appointees. The act instead requires the House speaker and the Senate president pro tempore to each select one chairperson from among these members.

Under prior law, the chairpersons were required to schedule and hold the first meeting by July 3, 2022. The act instead requires the three chairpersons to schedule and hold the first committee meeting by September 1, 2023.

REPORTING REQUIREMENTS

Initial Report

The act extends the deadline by which the committee must initially report certain information to the Appropriations, Children’s, Human Services, and Public Health committees and the OPM secretary, from January 1, 2023, to December 1, 2023.

By law, one of the elements the committee must report on is the governance structure for the system that will best facilitate the state’s public policy and healthcare goals to ensure that all children and families can access high-quality care. The act expressly states that this applies to all children and families in urban, rural, and all other areas of the state.

Strategic Plan

Under existing law, unchanged by the act, the committee must develop a strategic plan to integrate the recommendations identified in its initial report. The
act eliminates a provision that expressly allowed the plan to include short-term, medium-term, and long-term goals. It also extends the deadline by which the committee must report on this plan to OPM and the Appropriations, Children’s, Human Services, and Public Health committees, from August 1, 2023, to December 1, 2024.

Follow-up Reports

Under prior law, the committee had to establish a time frame for reviewing and making follow-up reports on the status or progress of the committee’s recommendations and activities. The act instead requires the committee to annually establish a work plan for doing so.