

# Appropriations Committee JOINT FAVORABLE REPORT

**Bill No.:** HB-5433

AN ACT ESTABLISHING A COUNCIL ON MENTAL AND BEHAVIORAL

**Title:** HEALTH PROGRAM OVERSIGHT.

**Vote Date:** 4/7/2022

**Vote Action:** Joint Favorable Substitute

**PH Date:** 3/18/2022

**File No.:**

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## **SPONSORS OF BILL:**

Appropriations Committee

## **REASONS FOR BILL:**

This bill establishes a Behavioral and Mental Health Policy and Oversight Committee to evaluate the availability and efficacy of prevention, early intervention, and mental health treatment services and options for children under the age of 18, and make recommendations regarding the governance and administration of the mental health care system for children. The committee would seek to coordinate services and evaluate existing programming pertinent to children's mental health as the current services provided have been found incomplete, especially given the increased demand for behavioral and mental health services amid the fallout of the COVID-19 pandemic.

## **Substitute Language**

The substitute language eliminates the Department of Mental Health and Addiction Services (DMHAS) as the agency to which the committee will advise. It also limits the number of appointees allotted from the Speaker of the House of Representatives, President Pro Tempore of the Senate, House and Senate Majority Leaders, House and Senate Minority Leaders and eliminates a designee from the Office of the State Comptroller. Alternatively, it adds appointed members from DMHAS, the Office of Health Strategies, the Child Advocate, the Healthcare Advocate, the executive director of the Commission on Women, Children, Seniors, Equity and Opportunity (CWCSEO), and 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.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

[Nancy Navarretta](#), **Commissioner, DMHAS** - Commissioner Navarretta testified in opposition of the bill. She explained that while DMHAS supports collaborative efforts of multiple stakeholders in

committees and councils, however, the Department does not have the resources to assist in implementation of this bill. She continues that the activities of the proposed council in relation to behavioral health, are already performed by several other councils mandated by the legislature. Additionally, the Commissioner referred the committee to the Committee on Children's mental health bill, SB 2, as section 24 of their bill proposes a Cabinet that will accomplish the tasks outlined in Section 2 of this bill pertinent to creating a standing subcommittee related to the needs of children's mental health.

**Vanessa Dorantes, Commissioner, Department of Children and Families (DCF)** – Commissioner Dorantes submitted testimony on behalf of DCF explaining that if this bill were to move forward, they respectfully request that the bill be amended that the council focuses its efforts on adult mental and behavioral health needs, as those fall under DMHAS' purview and DCF is statutorily mandated as the lead agency for behavioral services for children. The Commissioner explained that the Department already provides coordination, oversight, and funding for a broad array of community-based mental health services designed to assist children, youth, and their families with a range of psychiatric and substance use disorders. She continued that the administration of these programs and support services have been guided by the Connecticut Children's Behavioral Health Plan, developed in 2014, in consultation with providers, advocates, and families with lived expertise. Implementation of the plan is overseen by the Children's Behavioral Health Plan Implementation Advisory Board, with members appointed by DCF, which provides annual progress reports to the Connecticut General Assembly. Additionally, DCF is currently working with legislative leadership on comprehensive children's behavioral health legislation which will include a governance structure – a Children's Behavioral Health Cabinet - that the agency believes will be most effective for improving the delivery of statewide services.

**Deidre Gifford, Commissioner, Department of Social Services (DSS)** - DSS testified that while they appreciate the intent of this bill, they find it unnecessary as it would be duplicative in nature. DSS suggests that the work of a council that advises DMHAS on the planning and implementation of behavioral health services and programs, is currently being done by the legislature's Behavioral Health Partnership Oversight Council (BHPOC). There are also several subcommittees that meet regularly and are charged with more precise issues surrounding behavioral health, such as coordination of care, child/adolescent quality and access, and diversity, inclusion and equity. While the Department is not opposed to the concept, it is their suggestion to seek to consolidate and focus on expanding the reach and work of the BHPOC rather than creating duplicative efforts with an additional council.

**Sarah Eagan, Child Advocate, State of CT Office of Child Advocate (OCA)** – Ms. Eagan submitted testimony on behalf of OCA stating the agency deeply appreciates the bipartisan commitment to transformation of our children's mental health delivery system. OCA explains that several state agencies currently play important roles in the children's behavioral health system and there are many areas of high quality and innovative initiatives and programming. However, OCA expresses that there is not a robust oversight and coordination infrastructure to bring information together across systems to inform regarding the efficacy and needs of the current behavioral health system. The agency highlighted a few areas that need the robust, data-driving, and accountable coordination and oversight including payment reform as it relates to the inadequate reimbursement rates for key services and levels of care, bolstering existing service array, strengthening services for children with developmental disabilities, continuing to develop the workforce essential to supporting mental health service delivery to children and families, analyze and improve the service array gaps for justice involved/as-risk children, supporting school-based mental health initiatives.

**The Commission on Women, Children, Seniors, Equity and Opportunity (CWCSEO)**- CWCSEO testified in support of HB 5433 and expressed that they would be honored to serve in some capacity on the oversight council. They went on to explain that this legislation is necessary referencing that in 2019, in children between the ages of 12 and 17, suicide was the second leading cause of death.

COVID-19 has only exacerbated this need, with over 20% of school-aged children reporting that their mental health has worsened since its start. CWCSEO continued that along with increasing demand there are increasing disparities in access for children of color, with the burden falling largely on Black and Hispanic adolescents and that 65% of Black children and 62% of Latinx children with depression do not receive any treatment. Additionally, The Commission supports this attention to increasing awareness to available services and how to access them as it recognizes the increasing need in this state; the persistence of the pandemic and its impact on people's overall quality of life "has translated into a 20% increase in calls to 2-1-1 from people seeking mental health treatment and more trips to the emergency department for children and adults who are in a mental health crisis". Despite the increase in mental health service needs, "about 30% of adults in Connecticut suffering from anxiety and depression have not had their treatment needs met". The Commission also supports the notion of having the council make recommendations regarding the sufficiency of providers and provider rates. Furthermore, the Commission supports the explicit inclusion of council recommendations concerning the linguistic and cultural competency of providers within the bill text.

#### **NATURE AND SOURCES OF SUPPORT:**

[Fran Rabinowitz](#), **Connecticut Association of Public School Superintendents (CAPSS)** - CAPSS supports this bill and welcomes the opportunity to participate in this subcommittee; however, CAPSS suggests it might be prudent to extend the deadline for the subcommittee to complete its comprehensive review of this critically important and complicated subject.

#### **NATURE AND SOURCES OF OPPOSITION:**

[Howard Sovronsky](#), **Chief Behavioral Officer, CT Children's Medical Center (CCMC)** – Mr. Sovronsky submitted testimony on behalf of CCMC stating while they are pleased with the membership from many state agencies, they are concerned that the council, as proposed, may not be as effective as intended, as the official charge of this council seems narrow in scope and not specific to the needs of children. They also disagree with DMHAS being the point of referral for the council as DCF is the agency with cognizance over children's mental health issues.

**Reported by: Taylor Hyde**

**Date: April 19, 2022**