



General Assembly

**Substitute Bill No. 5433**

February Session, 2022



**AN ACT ESTABLISHING A COMMITTEE ON BEHAVIORAL AND MENTAL HEALTH POLICY AND OVERSIGHT.**

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

1 Section 1. (NEW) (*Effective from passage*) (a) There is established a  
2 Behavioral and Mental Health Policy and Oversight Committee. The  
3 committee shall evaluate the availability and efficacy of prevention,  
4 early intervention, and mental health treatment services and options for  
5 children from birth to age eighteen and make recommendations to the  
6 General Assembly and executive agencies regarding the governance  
7 and administration of the mental health care system for children.

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

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

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

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

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

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

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

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

31 (8) The Commissioners of Children and Families, Correction,  
32 Developmental Services, Early Childhood, Education, Insurance,  
33 Mental Health and Addiction Services, Public Health and Social  
34 Services, or their designees;

35 (9) The executive director of the Office of Health Strategy, or the  
36 executive director's designee;

37 (10) The Child Advocate, or the Child Advocate's designee;

38 (11) The Healthcare Advocate, or the Healthcare Advocate's  
39 designee;

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

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

44 (14) The Secretary of the Office of Policy and Management, or the  
45 secretary's designee; and

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

50 (c) Any member of the task force appointed under subdivisions (1) to  
51 (7), inclusive, of subsection (b) of this section may be a member of the  
52 General Assembly.

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

54 (e) The Secretary of the Office of Policy and Management, or the  
55 secretary's designee, and a member of the General Assembly selected  
56 jointly by the speaker of the House of Representatives and the president  
57 pro tempore of the Senate from among the members serving pursuant  
58 to subdivision (1), (2) or (3) of subsection (b) of this section shall be co-  
59 chairpersons of the committee. Such co-chairpersons shall schedule the  
60 first meeting of the committee, which shall be held not later than sixty  
61 days after May 4, 2022.

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

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

71 (1) Any statutory and budgetary changes needed concerning the  
72 mental health system of prevention, development and treatment that  
73 the committee recommends to (A) improve developmental, mental

74 health and behavioral health outcomes for children; (B) improve  
75 transparency and accountability with respect to state-funded services  
76 for children and youth with an emphasis on goals identified by the  
77 committee for community-based programs and facility-based  
78 interventions; and (C) promote the efficient sharing of information by  
79 state and state-funded agencies to ensure the regular collection and  
80 reporting of data regarding children and families' access to, utilization  
81 of and benefit from services necessary to promote public health and  
82 mental and behavioral health outcomes for children and youth and their  
83 families.

84 (2) The gaps in services identified by the committee with respect to  
85 children and families involved in the mental health system, and  
86 recommendations to address such gaps in services; and

87 (3) Strengths and barriers identified by the committee that support or  
88 impede the mental health needs of children and youth with specific  
89 recommendations for reforms.

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

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

95 (6) An examination of disproportionate access and outcomes across  
96 the mental health care system for children with developmental  
97 disabilities;

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

102 (8) A governance structure for the children's mental health system  
103 that will best facilitate the public policy and healthcare goals of the state

104 to ensure that all children and families can access high-quality mental  
105 health care.

106 (h) The committee shall complete its duties under this section after  
107 consultation with one or more organizations that focus on the quality of  
108 services for children or research related to the well-being of children,  
109 including, but not limited to, The Child Health and Development  
110 Institute or Connecticut Voices for Children. The committee may accept  
111 administrative support and technical and research assistance from any  
112 such organization. The committee shall work in collaboration with any  
113 results-first initiative implemented pursuant to any section of the  
114 general statutes or any public or special act. The committee shall have  
115 allocated funds to provide staffing support for its work.

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

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

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

133 (l) The committee shall develop a strategic plan that integrates the  
134 recommendations identified pursuant to subsection (g) of this section.

135 The plan may include short-term, medium-term and long-term goals. In  
136 developing the plan, the committee shall collaborate with any state  
137 agency with responsibilities relating to the mental health system.

138 (m) Not later than August 1, 2023, the committee shall report, in  
139 accordance with section 11-4a of the general statutes, such plan together  
140 with an account of progress made toward the full implementation of  
141 such plan and any recommendations concerning the implementation of  
142 identified goals in the plan to the joint standing committees of the  
143 General Assembly having cognizance of matters relating to  
144 appropriations and the budgets of state agencies, public health, human  
145 services and children, and the Secretary of the Office of Policy and  
146 Management.

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

**APP** Joint Favorable Subst.