AN ACT CONCERNING THE BEHAVIORAL AND MENTAL HEALTH POLICY OVERSIGHT 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 Section 2-137 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2023):

   (a) There is established a Children's Behavioral and Mental Health Policy and Planning Committee. The committee shall evaluate the availability and efficacy of prevention, early intervention, and mental 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 health care system for children. The committee shall be within the Legislative Department.

   (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
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) One appointed by each of the two legislative chairpersons of the committee, selected pursuant to subsection (e) of this section;

[(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, 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 the Secretary of the Office of Policy and Management, or the secretary's designee, and [a member] two members of the General Assembly [selected jointly] one each selected by the speaker of the House of Representatives and 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] October 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 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 health system of prevention, development and treatment that the committee recommends to 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. (A) The gaps in services identified by the committee with respect to children and families involved in the mental health system, and recommendations to address such gaps in services;

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

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

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

6. (E) An examination of disproportionate access and outcomes across
the mental 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 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 health system
that will best facilitate the public policy and healthcare goals of the state
to ensure that all children and families can access high-quality mental
health care.

(h) The committee shall 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. The
committee may accept administrative support 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 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 subcommittees
shall examine gaps, reimbursement rates, parity in the outcomes of
services and the efficacy of services.

(k) The committee shall establish a time frame 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 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 collaborate with any state agency with responsibilities relating to the mental health system.

(m) Not later than August 1, 2023, the committee 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.

This act shall take effect as follows and shall amend the following sections:

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<th>Section</th>
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<tbody>
<tr>
<td>1</td>
<td>October 1, 2023</td>
<td>2-137</td>
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**Statement of Purpose:**
To change the name of the committee to reference children and to change the committee chair appointments.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]