

CONNECTICUT CHILDREN'S BEHAVIORAL HEALTH PLAN



**TESTIMONY OF THE TRI-CHAIRS OF THE
CONNECTICUT CHILDREN'S BEHAVIORAL HEALTH PLAN
IMPLEMENTATION ADVISORY BOARD
SUBMITTED TO THE
APPROPRIATIONS COMMITTEE
TUESDAY, MARCH 28, 2023**

**HB 6900, An Act Concerning The Behavioral And Mental Health Policy
Oversight Council**

The tri-chairs of the Connecticut Behavioral Health Plan Implementation Advisory Board (Advisory Board) appreciate this opportunity to submit testimony concerning **HB 6900, An Act Concerning The Behavioral And Mental Health Policy Oversight Council**.

The blueprint for Connecticut's behavioral health system offered by the Plan remains as relevant to system development today as it was when developed with extensive input from families and the diverse array of stakeholders invested in the behavioral health and wellbeing of Connecticut's children and families.

While there has been significant progress made to achieve the vision of the Plan, we recognize that there have also been new challenges to overcome such as COVID-19 global pandemic and its aftermath. When legislation was passed last year to establish a new Behavioral and Mental Health Policy Oversight Council, our expressed concern was that we identify collaborative means to promote expediency in addressing challenges to achieving our common vision, not to reshaping the vision. The urgency of this work has only heightened, so we urge the Committee to ensure that our work together be laser focused.

We are pleased to share the following input and recommendations regarding the concept included in our 2022 Annual Report to the General Assembly. We begin by sharing the Advisory Board's recommendation for your consideration.

RECOMMENDATION: Align oversight and advisory efforts

- Determine and implement the most expedient strategy for consolidating existing advisory and oversight authority in order to advance development of a seamless, coordinated, and integrated children's behavioral health system.**

Achieving an optimal system that addresses the emotional, behavioral, and mental health needs of *all* of Connecticut's children will require efficient delivery of a comprehensive array of effective services and the maximizing of all available government and commercial resources.

A consistent theme from Advisory Board proceedings is the “fragmentation” of the children’s behavioral health system reported in different ways by family members, providers, and advocates and repeatedly identified in past reports on Connecticut’s and the national children’s behavioral health systems. Efforts to coordinate and align existing oversight and advisory functions continue to be an important first step toward a system in which access to services will be delinked from system involvement, insurance status, geographic location, and other factors, resulting in access to the system of care by all children and their families based on their needs.¹

In our 2021 Annual Report to the General Assembly, the Advisory Board recommended the consolidation of advisory and oversight efforts impacting the children’s behavioral health system. We urged the state to determine and implement the most expedient vehicle to consolidate existing advisory and oversight authority in order to advance development of a seamless, coordinated, and integrated children’s behavioral health system.

¹ Connecticut Children’s Behavioral Health Plan (the “Plan”), October 2014, page 14.

At present, there exist no fewer than six advisory and oversight bodies that impact children's behavioral health. These include one new oversight committee and five boards, committees, and councils.

Public Act 22-47, Section 70 – Behavioral and Mental Health Policy and Oversight Committee (BMHPOC) (see excerpt from Public Act linked [here](#)). 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.

CGS Sec. 17a-ff – Children’s Behavioral Health Plan Implementation Advisory Board (Advisory Board) (see statute linked [here](#)). The board shall advise member agencies, service providers, advocates, and others regarding (a) execution of the behavioral health plan for all children in Connecticut developed pursuant to Connecticut law, (b) cataloguing the mental, emotional, and behavioral health services offered for families with children in the state by agency, service type, and funding allocations to reflect capacity and utilization of services, (c) adopting standard definitions and measurements for services that are delivered, when applicable, and (d) demonstrating the collaboration of such agencies, providers, advocates, and other stakeholders in implementing the Plan. ([Home - Plan 4 Children](#)). The Advisory Board meets quarterly and issues an annual report to the General Assembly each October. Subcommittees are convened to address aspects of the board's statutory charge.

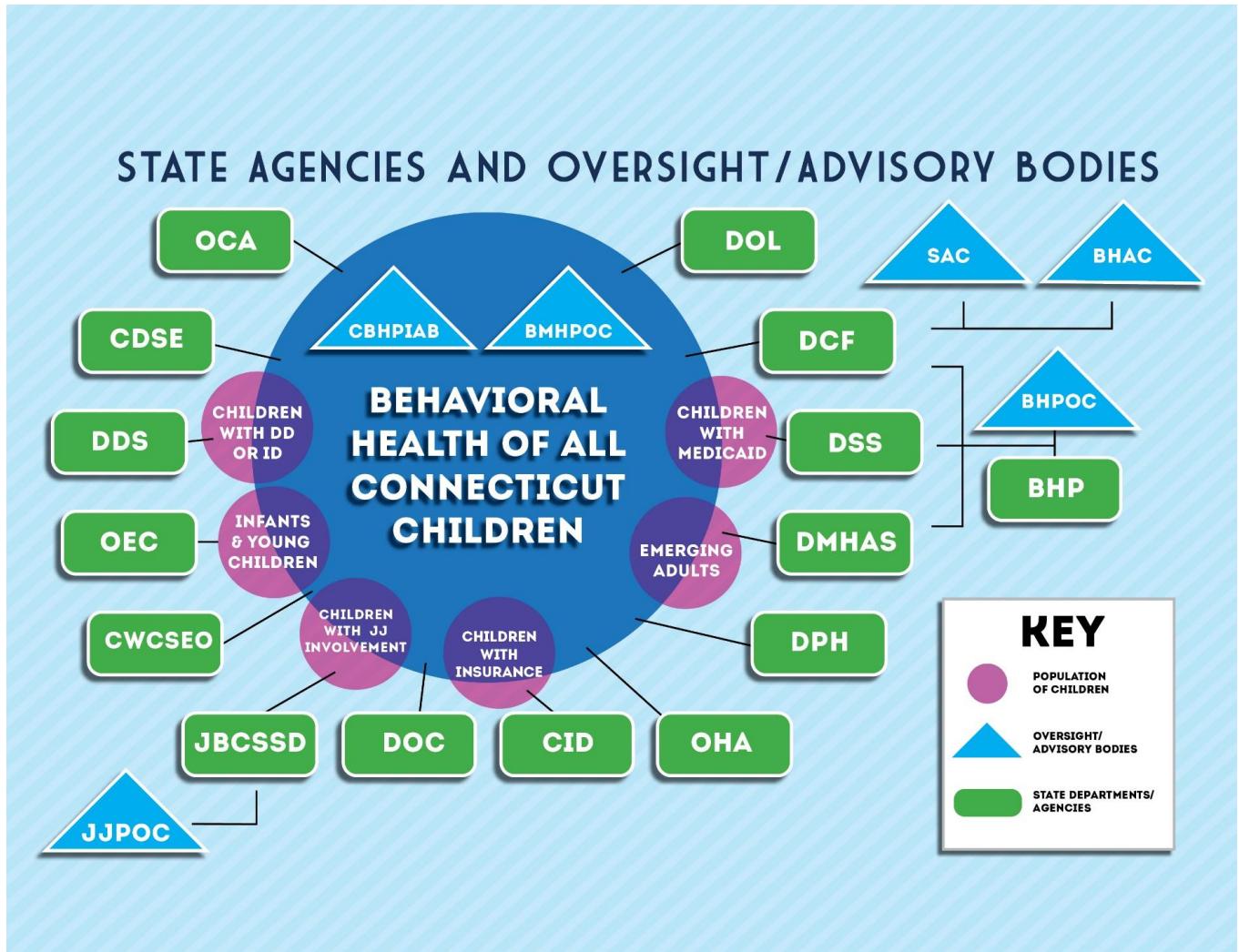
CGS Sec. 46b-121n – Juvenile Justice Policy and Oversight Committee (JJPOC) (see statute linked [here](#)). The committee shall evaluate policies related to the juvenile justice system and the expansion of juvenile jurisdiction to include persons sixteen and seventeen years of age. ([C G A \(ct.gov\)](#))

CGS Sec. 17a-22h – Behavioral Health Partnership Oversight Council (BHPOC) (see statute linked [here](#)) – The council (<https://www.cga.ct.gov/ph/BHPOC/>) shall advise the commissioners of children and families, mental health and addiction services, and social services on the planning and implementation of the Behavioral Health Partnership (BHP) established on behalf of children and adults participating in the HUSKY Health Program members (Medicaid and CHIF services) and children enrolled in the voluntary services program operated by the Department of Children and Families.

CGS Sec. 17a-4 – State Advisory Council on Children and Families (SAC) (see statute linked [here](#)) – The council shall (a) recommend to the commissioner of children and families programs, legislation or other matters to improve services for children and youth, (b) annually review and advise the commissioner regarding the proposed budget, (c) interpret to the community at large the policies, duties and programs of the department, (d) issue reports to the Governor and commissioner, (e) assist in the development and review of strategic plans, (f) receive a quarterly status report from the commissioner, (g) independently monitor the department's progress in achieving its goals, and (h) provide an outside perspective to the department.

CGS Sec. 17a-4a – Children’s Behavioral Health Advisory Committee (BHAC) (see statute linked [here](#)) – The committee shall promote and enhance the provision of behavioral health services for all children in this state. It shall meet at least bimonthly and submit a status report on local systems of care and practice standards for state-funded behavioral health programs to the commissioner of children and families and State Advisory Council on Children and Families.

Body/Enabling Statute	Reporting Requirements	Population Served
Behavioral and Mental Health Policy and Oversight Committee (BMHPOC) <i>PA 22-47 Sec. 70</i> <i>Enacted in 2022</i>	Report to the General Assembly on appropriations and budgets or before 1/1/23; Report to the General Assembly a strategic plan no later than 8/1/23	Behavioral health care of all children from birth to age eighteen in Connecticut
Children's Behavioral Health Plan Implementation Advisory Board (CBHPIAB) <i>CGS Sec. 17a-ff</i> <i>Enacted in 2015</i>	Report to the General Assembly annually, on or before 10/1 on status of the execution of the Plan	Behavioral health care of all children and families in Connecticut
Juvenile Justice Policy and Oversight Committee (JJPOC) <i>CGS Sec. 46b-121n</i> <i>Enacted in 2014</i>	No current reporting requirements	Persons involved with the juvenile justice system, including persons 16 and 17 years of age
Behavioral Health Partnership Oversight Council (BHPOC) <i>CGS Sec. 17a-22j</i> <i>Enacted in 2005</i>	Advise and make specific recommendations to the DCF, DMHAS, and DSS Commissioners	Persons served by the HUSKY CT Health program
State Advisory Council on Children and Families (SAC) <i>CGS Sec. 17a-4</i> <i>Enacted in 1971</i>	Make recommendations and issue any reports it deems necessary to the DCF Commissioner to improve services to children and youths, including behavioral health	Children and youths served by DCF
Children's Behavioral Health Advisory Council (BHAC) <i>CGS Sec. 17a-4a</i> <i>Enacted in 2000</i>	Report on local systems of care and practice standards for state-funded behavioral health programs, annually, on or before 10/1, and make recommendations concerning behavioral health services, to the DCF Commissioner and SAC	Promote and enhance the provision of behavioral health services for all children in Connecticut



STATE AGENCIES

DCF - Department of Children and Families
DDS - Department of Developmental Services
DSS - Department of Social Services
DPH - Department of Public Health
DMHAS - Department of Mental Health and Addiction Services
CID - Connecticut Insurance Department
DOC - Department of Corrections
DOL - Department of Labor
CSDE - Connecticut State Department of Education
OEC - Office of Early Childhood
OCA - Office of the Child Advocate
OHA - Office of the Healthcare Advocate
JBCSSD - Judicial Branch Court Support Services Division
CWCSEO - Commission on Women, Children, Seniors, Equity and Opportunity
BHP - Behavioral Health Partnership (includes DCF, DMHAS and DSS)

OVERSIGHT/ADVISORY BODIES

BMHPOC – Behavioral and Mental Health Policy and Oversight Committee
CBHPIAB – Children's Behavioral Health Plan Implementation Advisory Board
JJPOC – Juvenile Justice Policy and Oversight Committee
BHPOC – Behavioral Health Partnership Oversight Council
SAC – State Advisory Council on Children and Families
BHAC – Children's Behavioral Health Advisory Council

The large number of state agencies and oversight/advisory bodies included in the diagram demonstrates both the ambition and complexity of the Connecticut Children's Behavioral Health System. It illustrates the fundamental understanding that child and family well-being rests upon a system that addresses the social determinants of health. The diagram also reveals that there are a number of different advisory/oversight bodies that either focus on smaller segments of the child population or overlap in their intended scope, which raises the risk of inefficiencies within the system, including competition for limited resources or even the possibility of working at cross purposes.

Advisory Board members affirm our belief that achieving an optimal system that addresses the emotional, behavioral, and mental health needs of *all* of Connecticut's children will require efficient delivery of a comprehensive array of effective services and the maximizing of all available government and commercial resources. Coordinating oversight and advisory functions is an essential next step in this process.

- *It is critical to align and coordinate the work of the newly-authorized Behavioral and Mental Health Policy and Oversight Committee and the Children's Behavioral Health Plan Implementation Advisory Board to address the behavioral health needs of all children, and to ensure that continued progress in achieving an optimal children's behavioral health system is promoted with adequate resources, cost efficiency, and ongoing monitoring of access, impact, and opportunity for improvement.*
- *We also recommend that the Advisory Board continue working through the Data Integration Work Group to facilitate the development of a data infrastructure at the systems level to support a fully integrated system, and address the need for data that will allow stakeholders to engage in system evaluation and quality improvement.*

Thank you for your consideration of our position. For additional information, we encourage you to contact us as follows:

Elisabeth Cannata, Ph.D.
Carl Schiessl, JD
Ann R. Smith, JD, MBA

STATE AGENCY PARTNERS

Department of Children and Families (DCF)
Department of Developmental Services (DDS)
Department of Social Services (DSS)
Department of Public Health (DPH)
**Department of Mental Health and
Addiction Services (DMHAS)**
Connecticut Insurance Department (CID)
Department of Corrections (DOC)
Department of Labor (DOL)

Office of the Governor
Office of Policy and Management (OPM)
Connecticut State Department of Education (CSDE)
Office of Early Childhood (OEC)
Office of the Child Advocate (OCA)
Office of the Healthcare Advocate (OHA)
**Judicial Branch Court Support Services Division
(JBCSSD)**
**Commission on Women, Children, Seniors, Equity and
Opportunity (CWCSEO)**