
OLR Bill Analysis

sHB 6951 (as amended by House "A")*

AN ACT CONCERNING CHILDREN'S BEHAVIORAL HEALTH SERVICES.

TABLE OF CONTENTS:

SUMMARY

§§ 1, 2 & 9 — TRANSFORMING CHILDREN'S BEHAVIORAL HEALTH POLICY AND PLANNING COMMITTEE DUTIES AND MEMBERSHIP

Requires the behavioral health committee to (1) conduct a study addressing existing children's behavioral health services and anticipated future demand for the services and (2) develop a survey for school-based health centers to obtain information regarding existing data collection practices and challenges for practice improvement; requires related reporting regarding the study and the survey; adds three new members to the committee

§ 3 — CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS PLANNING GRANT

Requires DSS to (1) use Certified Community Behavioral Health Clinics Planning Grant money for purposes related to care coordination, value-based payment models, and resource navigation and (2) report on grant expenditures by November 1, 2025

§ 4 — INTENSIVE IN-HOME CHILD AND ADOLESCENT PSYCHIATRIC SERVICES

Requires DSS to review the Yale Child Study Center's IICAPS program and other evidence-based alternatives for children with serious emotional disturbances and report by October 1, 2025; authorizes the Transforming Children's Behavioral Health Policy and Planning Committee to contract with the Yale Child Study Center for reasons related to federal funding

§§ 5 & 6 — AGE INCREASE FOR INSURANCE COVERAGE FOR AUTISM THERAPIES AND SERVICES

Raises the age, from under 21 to under 26, that applies to required coverage for behavioral therapy for people with autism spectrum disorder under private insurance plans

§ 7 — URGENT CRISIS CENTERS

Requires the Transforming Children's Behavioral Health Policy and Planning Committee to convene a working group to review private health insurance coverage for children's treatment at urgent crisis centers and report to various entities by October 1, 2025, on results and recommendations

§ 8 — ABA ADVISORY COMMITTEE

Establishes an advisory committee to make recommendations on a statutory and regulatory framework for providers to deliver ABA services to children, and requires it to report to various entities by November 1, 2025

BACKGROUND

SUMMARY

This bill makes various changes to expand access to behavioral health services for children, including applied behavior analysis, and increases protections for children receiving these services, as described in the section-by-section analysis below. It also adds members to and expands the duties of the Transforming Children’s Behavioral Health Policy and Planning Committee (the “behavioral health committee”).

By law, “behavior analysis” and “applied behavior analysis” (ABA) is the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences, including using direct observation, measurement, and functional analysis of the relationship between the environment and behavior, to produce socially significant improvement in human behavior (CGS §§ 20-185i & 38a-488b).

*House Amendment “A” adds:

1. the provision on the Certified Community Behavioral Health Clinics Planning Grant;
2. the DSS review of the Yale Child Study Center’s Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) program and other evidence-based alternatives for children with serious emotional disturbances;
3. the provision raising the age, from under 21 to under 26, that applies to required insurance coverage for behavioral therapy for people with autism spectrum disorder;
4. the OHS review of private health insurance coverage for children’s treatment at urgent crisis centers and report on results and recommendations;
5. the provision establishing an advisory committee to make recommendations on a statutory and regulatory changes for providers to deliver ABA services to children; and

6. adds three new members to the behavioral health committee.

§§ 1, 2 & 9 — TRANSFORMING CHILDREN'S BEHAVIORAL HEALTH POLICY AND PLANNING COMMITTEE DUTIES AND MEMBERSHIP

Requires the behavioral health committee to (1) conduct a study addressing existing children's behavioral health services and anticipated future demand for the services and (2) develop a survey for school-based health centers to obtain information regarding existing data collection practices and challenges for practice improvement; requires related reporting regarding the study and the survey; adds three new members to the committee

Children's Behavioral Health Services Study (§ 1)

The bill requires the behavioral health committee to conduct a study addressing existing children's behavioral health services and anticipated future demand for the services. The committee, established by the legislature in 2023, is charged with evaluating the availability and efficacy of prevention, early intervention, and behavioral health services for children up to age 18 and advising the General Assembly and executive agencies.

The study must involve specific behavioral health providers (the United Way of Connecticut 2-1-1 Infoline program, 9-8-8 National Suicide Prevention Lifeline, mobile crisis intervention services and urgent crisis centers, subacute crisis stabilization centers, and hospital emergency departments) and address the following:

1. utilization rates and outreach and marketing strategies for these providers,
2. common sources of patient referrals to these providers,
3. state and other financial resources allocated to these providers, and
4. the anticipated future demand for children's behavioral health services.

By January 1, 2026, the behavioral health committee must submit a report to the Children, Human Services, and Public Health committees. The report must include an analysis of (1) data collected for the study and (2) recommendations to improve the children's behavioral health

service delivery and meet anticipated future service demand.

Survey and Reporting Requirements (§ 2)

The bill also requires the behavioral health committee, in collaboration with a statewide school-based health center (SBHC) association to develop a survey for SBHCs to obtain information regarding existing data collection practices and anticipated challenges and opportunities related to SBHCs implementing more comprehensive data collection systems. The committee may contract with a consultant to develop the survey required under the bill.

Additionally, the behavioral health committee must, in collaboration with the health commissioner, develop appropriate reporting requirements for SBHCs to determine and respond to their own needs.

By January 1, 2026, the behavioral health committee must submit a report to the Public Health Committee that includes the survey and reporting requirements.

New Members of the Transforming Children's Behavioral Health Policy and Planning Committee (§ 9)

The bill expands the behavioral health committee's membership by three with (1) two additional members jointly appointed by the committee's three chairpersons who must be substance use treatment service providers to young adults and (2) the state behavioral health advocate or the advocate's designee.

EFFECTIVE DATE: July 1, 2025, except the added membership to the behavioral health committee is effective October 1, 2025.

§ 3 — CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS PLANNING GRANT

Requires DSS to (1) use Certified Community Behavioral Health Clinics Planning Grant money for purposes related to care coordination, value-based payment models, and resource navigation and (2) report on grant expenditures by November 1, 2025

The bill requires the Department of Social Services (DSS) commissioner, in consultation with the Children and Families (DCF) and Mental Health and Addiction Services commissioners, to use Certified Community Behavioral Health Clinics Planning Grant money

to develop the following:

1. reimbursement for acuity-based care coordination service to improve children's behavioral health outcomes,
2. a value-based payment model that gives providers financial incentives when outcomes improve for children in their care and holds them accountable for poor outcomes, and
3. a system to help providers and clients navigate behavioral health care resources and requirements.

The bill requires the DSS commissioner to report, by November 1, 2025, to the Children, Human Services, and Public Health committees on grant expenditures and any related behavioral health outcomes improvements.

EFFECTIVE DATE: July 1, 2025

§ 4 — INTENSIVE IN-HOME CHILD AND ADOLESCENT PSYCHIATRIC SERVICES

Requires DSS to review the Yale Child Study Center's IICAPS program and other evidence-based alternatives for children with serious emotional disturbances and report by October 1, 2025; authorizes the Transforming Children's Behavioral Health Policy and Planning Committee to contract with the Yale Child Study Center for reasons related to federal funding

The bill requires the DSS commissioner to consult with the Yale Child Study Center to review the center's intensive in-home child and adolescent psychiatric services (IICAPS) program, which provides services for families with children or adolescents who have serious emotional disturbances and are at risk for hospitalization, and other evidence-based alternatives that focus on delivering positive outcomes for children with behavioral health issues in a sustainable manner. In this review, the commissioner must consider the needs and time demands on children and families enrolled in the IICAPS program.

The bill requires the commissioner to report, by October 1, 2025, to the behavioral health committee on the results of the review and recommendations on how the IICAPS model may be used to deliver Medicaid-funded behavioral health care in Connecticut.

The bill allows the behavioral health committee to, within available appropriations, contract with the Yale Child Study Center to determine what federal funding or reimbursements may be available to further develop the IICAPS model and conduct a randomized trial of the center's model to determine if it may qualify federally as an evidence-based treatment program.

EFFECTIVE DATE: July 1, 2025

§§ 5 & 6 — AGE INCREASE FOR INSURANCE COVERAGE FOR AUTISM THERAPIES AND SERVICES

Raises the age, from under 21 to under 26, that applies to required coverage for behavioral therapy for people with autism spectrum disorder under private insurance plans

Under current law, insurance companies must cover behavioral therapy, including ABA, cognitive behavioral therapy, and other empirically supported effective treatments, provided by certain licensed professionals to children under age 21 who are diagnosed with autism spectrum disorder. The bill extends this requirement to people under age 26.

EFFECTIVE DATE: January 1, 2026

§ 7 — URGENT CRISIS CENTERS

Requires the Transforming Children's Behavioral Health Policy and Planning Committee to convene a working group to review private health insurance coverage for children's treatment at urgent crisis centers and report to various entities by October 1, 2025, on results and recommendations

The bill requires the Transforming Children's Behavioral Health Policy and Planning Committee, in consultation with the behavioral health advocate and DCF and insurance commissioners, to convene a working group to (1) review private health insurance coverage for children's treatment at urgent crisis centers, (2) identify potential barriers to commercial insurance coverage and reimbursement, and (3) make recommendations to address any barriers. The behavioral health committee must report, by October 1, 2025, on the working group's findings and recommendations to the Appropriations, Children, and Human Services committees and the Office of Policy and Management secretary. An urgent crisis center is one that DCF certifies to treat

children's urgent mental or behavioral health needs.

EFFECTIVE DATE: July 1, 2025

§ 8 — ABA ADVISORY COMMITTEE

Establishes an advisory committee to make recommendations on a statutory and regulatory framework for providers to deliver ABA services to children, and requires it to report to various entities by November 1, 2025

The bill establishes a 27-member advisory committee to advise the Council on Medical Assistance Program Oversight (MAPOC; see BACKGROUND) on a statutory and regulatory framework for providers, including those enrolled in Medicaid, to deliver ABA services to children. Under the bill, the advisory committee must review the following:

1. current legislative and regulatory oversight of ABA services;
2. potential statutory and regulatory frameworks to oversee ABA services, including the need for any regulatory structure to include expertise in providing childcare and ABA services to children with autism;
3. whether employees of an entity providing ABA services to children should be mandated reporters of suspected child abuse or neglect;
4. whether employees of ABA services providers should submit to comprehensive background checks;
5. a rate-setting structure to ensure Medicaid reimbursement rates adequate to provide prompt access to ABA services for children and families; and
6. whether an entity providing ABA services to children should provide notice to patients about how to report complaints to the Department of Public Health (DPH) about a licensed professional's conduct.

The bill requires the advisory committee to report on its review and

recommendations to MAPOC, the governor, and the Children, Human Services, and Public Health committees by November 1, 2025. The committee terminates on this date or when it submits its report, whichever is later.

EFFECTIVE DATE: Upon passage

Members

Under the bill, advisory committee members include the chairpersons and ranking members of the Children, Human Services, and Public Health committees or their designees. Members also include the following eight state officials or their designees: the early childhood, DPH, DSS, DCF, developmental services, and education commissioners; Child Advocate; and Office of Policy and Management secretary. The Autism Spectrum Disorder Advisory Council chairpersons must select a representative to serve as an advisory committee member. An additional six members are appointed as follows:

1. one member appointed by the Public Health Committee chairs who must represent an entity providing ABA services to children,
2. one member appointed by the Public Health Committee ranking members who must be a parent of a child with autism,
3. one member appointed by the Human Services Committee chairs who must represent an advocacy organization for children with autism,
4. one member appointed by the Human Services Committee ranking members who must be a parent of a child with autism,
5. one member appointed by the Children Committee chairs who must be a board-certified behavior analyst providing services to children, and
6. one member appointed by the Children Committee ranking members who must be a psychiatrist with expertise in delivering

services to children with autism.

The bill requires appointing authorities to make their initial appointments within 30 days after the bill's passage and fill any vacancies. Appointed members may be legislators.

Leadership and Meetings

Under the bill, the advisory committee must hold its first meeting within 60 days after the bill's passage and choose a chairperson from among its members.

The bill requires the Joint Committee on Legislative Management to provide administrative support to the committee and its chairperson.

BACKGROUND

Council on Medical Assistance Program Oversight (MAPOC)

The law charges this council with monitoring and advising DSS on various aspects of the Medicaid program (CGS § 17b-28). MAPOC includes legislators, consumers, advocates, health care providers, administrative service organization representatives, and state agency personnel. It generally meets monthly and has subcommittees that meet separately.

Related Bills

sHB 7109 (File 937), reported out by the Human Services and Appropriations committees, contains similar provisions as sections 3-8.

sHB 7263 (File 847), reported out by the Appropriations Committee, contains the same provision increasing the membership of the Transforming Children's Behavioral Health Policy and Planning Committee.

Legislative History

The House referred the bill (File 471) to the Appropriations Committee, which reported out a substitute that eliminated provisions requiring DSS to increase Medicaid coverage and provider rates for ABA.

COMMITTEE ACTION

Committee on Children

Joint Favorable Change of Reference - APP
Yea 15 Nay 2 (03/06/2025)

Appropriations Committee

Joint Favorable Substitute
Yea 52 Nay 2 (04/24/2025)