

Statutory Charges of Children's Health Oversight Boards

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Issue

This report summarizes the statutory charges for six oversight and advisory bodies related to children's health and wellbeing, as well as information on any mission overlaps, redundancy, and relevancy that is shared by these same bodies.

Summary

The six oversight and advisory bodies are the:

1. [Behavioral Health Partnership \(BHP\) Oversight Council](#);
2. [Children's Behavioral Health Advisory Council](#);
3. [Children's Mental, Emotional, and Behavioral Health Plan Implementation Advisory Board](#);
4. [Juvenile Justice Policy and Oversight Committee](#) (JJPOC);
5. [State Advisory Council on Children and Families](#); and
6. [Transforming Children's Behavioral Health Policy and Planning Committee](#) (TCBHPPC).

In addition to the summaries of each of the charges, Table 1 below illustrates the overlaps or similarities in the groups' missions. Here are some of the highlights:

1. All six serve children as their primary population, while only one, the Behavioral Health Partnership and Oversight Council, also serves adults in the HUSKY Health Program.

2. JJPOC is the only one of the six whose main charge does not center around children's health (instead, JJPOC focuses on juvenile justice).
3. Although all six, except JJPOC, share core commonalities in their main charge (supporting children's wellbeing through the evaluation of associated programs and policies), they vary greatly in their specified duties and responsibilities.
4. Four are specifically tasked with supporting the wellbeing of children with behavioral health needs.

Behavioral Health Partnership and Associated Oversight Council

Behavioral Health Partnership

The BHP is an integrated behavioral health service system that the Departments of Children and Families (DCF), Social Services (DSS), and Mental Health and Addiction Services (DMHAS) are charged with implementing. This partnership is for HUSKY Health members and children enrolled in [DCF's voluntary services program](#) and is charged with, among other things, increasing access to quality behavioral health services by expanding individualized, family-centered, and community-based services ([CGS § 17a-22h](#)).

Behavioral Health Partnership Oversight Council

The BHP Oversight Council's duty is mainly to advise on the implementation of the BHP (this specific duty differentiates this body from the others in this report).

The council is charged with advising the DCF, DSS, and DMHAS commissioners on the planning and implementation of the BHP. In addition to recommendations on the implementation of the BHP, the council must review and make recommendations on (1) any contracts entered into by DCF, DSS, and DMHAS with administrative services organizations to assure that the organization's decisions are based solely on criteria developed by the clinical management committee (comprised of members selected by DCF, DSS, DMHAS, and the BHP Oversight Council); (2) behavioral health services pursuant to Medicaid and the Children's Health Insurance Program (combined in Connecticut into the HUSKY A program) to assure federal revenue is being maximized; and (3) periodic reports on program activities, finances, and outcomes, including reports on service delivery system goal achievement ([CGS § 17a-22j](#)).

The law does not require the council to report to the General Assembly, but requires the DCF, DSS, and DMHAS commissioners to report annually by October 1, with a program evaluation of the

partnership and any cost savings to the Appropriations, Children, Human Services, and Public Health committees ([CGS § 17a-22n](#), as amended by [PA 26-48](#), §§ 2 & 15).

Additionally, the law also allows the council to conduct or arrange an external, independent evaluation of the BHP ([CGS § 17a-22j](#)).

Children's Behavioral Health Advisory Committee

The Children's Behavioral Health Advisory Committee is charged with biennially submitting, by October 1 of each odd-numbered year, to the DCF commissioner and the State Advisory Council on Children and Families recommendations for providing children's behavioral health services in the state. The advisory committee is the only one of the six that provides a report to another one of the bodies (in this case the State Advisory Council on Children and Families).

The recommendations must address:

1. the target population for children with behavioral health needs;
2. assessment and benefit options for these children;
3. the quality of care for these children;
4. the coordination of behavioral health services provided under the HUSKY Health program with services provided by other publicly-funded programs;
5. performance standards for preventive services, family supports, and emergency service training programs;
6. community-based and residential care program assessments;
7. outcome measurements; and
8. a medication protocol and standards for medication monitoring.

Also, the committee must submit an annual status report by October 1 on local systems of care and practice standards for state-funded behavioral health programs to the DCF commissioner and the State Advisory Council on Children and Families ([CGS § 17a-4a](#)).

Children’s Mental, Emotional, and Behavioral Health Plan Implementation Advisory Board

DCF’s Comprehensive Implementation Plan

The Children’s Mental, Emotional, and Behavioral Health Plan Implementation Advisory Board is the only body in the report that is specifically charged with advising a group of agencies on DCF’s comprehensive implementation plan.

The advisory board must advise a number of state agencies (including DCF, DSS, DMHAS, and the Department of Developmental Services (DDS)) and other parties regarding the execution of DCF’s comprehensive implementation plan for (1) meeting the mental, emotional, and behavioral health needs of all children in the state and (2) preventing or reducing the long-term negative impact of mental, emotional, and behavioral health issues on children. The board must annually report by October 1 on the current status of the plan, the level of state agency collaboration to implement the plan, and any associated recommendations to improve the plan’s execution to the Committee on Children ([CGS § 17a-22ff](#)) .

Other Charges

The board is also charged with advising the same agencies and other parties about (1) categorizing the mental, emotional, and behavioral health services offered for families with children by agency, service type, and funding allocation to reflect capacity and service utilization; (2) creating standard definitions and measurements for delivered services; and (3) collaborating with various stakeholders to prevent or reduce the long-term negative impact of mental, emotional, and behavioral health issues on children ([CGS § 17a-22ff](#)).

Juvenile Justice Policy and Oversight Committee

As noted above, JJPOC is the only entity in the report that primarily addresses juvenile justice reform. It is charged with evaluating policies related to the juvenile justice system and the expansion of juvenile jurisdiction to include individuals ages 16 and 17.

The committee has had numerous specific charges with various reporting deadlines to legislative committees that have already passed, and now it continues its activities with various ongoing duties.

Some of the past duties and the deadlines for the committee include:

1. drafting a community-based diversion system report (due January 1, 2017);

2. drafting a current conditions of confinement report for individuals under 18 years old who are detained or incarcerated in correctional facilities, juvenile secure facilities, and other placements in the criminal justice system (due October 1, 2018); and
3. the development of a juvenile justice reinvestment plan (due January 1, 2020).

Currently, the committee's ongoing duties include:

1. establishing a data working group, to develop a plan for a data integration process to link data related to children across executive branch agencies with the goal of evaluating and assessing outcomes in the juvenile justice system, including a standard template for data-sharing memoranda of understanding;
2. periodically reviewing information regarding conditions of confinement for individuals under 18 years old detained at the John R. Manson Youth Institution in Cheshire;
3. convening an education subcommittee to, among other things, develop a detailed plan on the (a) coordination and oversight of vocational and academic education services available for children in justice system custody and (b) provision of education-related transitional support services for children who are returning to the community from justice system custody;
4. appointing individuals to (a) an incarceration subcommittee and (b) a community expertise subcommittee to fulfill tasks as directed by the committee (these subcommittees were previously tasked with supporting the development of a reentry success plan); and
5. appointing individuals to a gender-responsiveness subcommittee to fulfill tasks as directed by the committee (this subcommittee was previously tasked with, among other things, conducting a [Gender Responsive Landscape Analysis](#) of the state) ([CGS § 46b-121n](#)).

In 2025, the legislature added a new duty for the committee by establishing within it a state advisory council to fulfill state tasks under the federal Juvenile Justice and Delinquency Prevention Act ([42 U.S.C. § 5601 et seq.](#)), including (a) participating in the development of a juvenile justice plan for the state and (b) reviewing all applications for a formula grant under Title II of the act submitted to the state (the [formula grants](#) program provides grants to states to be used for juvenile system improvements, including job training, mental health and substance use treatment, and school programs to prevent truancy) ([CGS § 46b-121n](#), as amended by [PA 25-168](#), §§ 245 & 246).

State Advisory Council on Children and Families

The State Advisory Council on Children and Families is the body with the most representation from those receiving services from DCF or who advocate for those children and young people. (This includes (1) two people 18 to 25 years of age, inclusive, served by DCF; (2) one member of an organization that advocates for the legal rights of children; and (3) at least four members who are

parents, foster parents, or family members of children who have received, or are receiving, behavioral health services or child welfare services.)

The advisory council is charged with (1) recommending to the DCF commissioner programs, legislation or other matters that will improve services for children, including behavioral health services; (2) annually reviewing and advising the commissioner on the proposed budget; (3) interpreting for the public DCF's policies, duties, and programs; (4) issuing any reports it deems necessary to the governor and the commissioner; (5) reviewing various reports submitted by DCF to monitor progress toward the reports' established goals and offering assistance to further advance these objectives; (6) reviewing DCF data pertaining to child safety, well-being, and permanency at least twice per year; and (7) annually evaluating the extent to which DCF is discharging its child protection responsibilities under state and federal law.

When performing these duties, the council must prioritize:

1. protecting children from abuse and neglect;
2. reducing/eliminating preventable child fatalities and unnecessary removal of children from their homes;
3. stability of in-home placements for children, including the transition from foster care of children exiting the child welfare system;
4. reducing disparate outcomes between minority and other populations served by the child welfare system;
5. the appropriate provision of services to children and families to meet the needs of such children; and
6. collaboration among state agencies to complete the council's various duties ([CGS § 17a-4](#)).

The law does not give the council a specific reporting requirement. The council provides feedback to DCF through monthly meetings with department officials.

Transforming Children's Behavioral Health Policy and Planning Committee

TCBHPPC is charged with evaluating the prevention, early intervention, and behavioral health treatment services and options for children ages birth to 18.

Strategic Plan and Associated Reporting Requirements

TCBHPPC was previously tasked with, by December 1, 2025, (1) reporting to the Appropriations, Children, Human Services, and Public Health committees and the Office of Policy and Management (OPM) on certain subjects, including recommendations on needed statutory or budgetary changes to the behavioral health system to improve developmental and behavioral health outcomes for children and address gaps in services and disproportionate access and outcomes for certain children and (2) developing a strategic plan that integrates these recommendations.

By December 1, 2026, TCBHPPC is charged with reporting to the Appropriations, Children, Human Services, and Public Health committees and OPM on the progress that has been made toward full implementation of the strategic plan and any associated recommendations concerning the implementation.

By January 1, 2027, TCBHPPC must report to the Children and Education committees on behavioral health issues impacting students receiving special education and any associated recommendations. The report must include information on (1) behavioral intervention methods utilized by private providers of special education services and the impact of requiring these providers to utilize evidence-based and highly individualized interventions and (2) best practices for monitoring by the state Department of Education (SDE) of the use of physical restraint and seclusion for students receiving special education ([CGS § 2-137](#)).

Comparison Table

Table 1 below compares the six bodies across five categories: population served, main charge, data responsibilities, commissioners or their designees who are members, and last meeting date.

Table 1 (alongside the other associated information in this report) shows, among other things:

1. All six serve children as their primary population, while only one, the BHP and associated Oversight Council, also serves certain adults.
2. JJPOC is the only body of the six with a main charge that does not center around children's health (instead, it focuses on juvenile justice).
3. Although all the bodies, except for JJPOC, share core commonalities in their main charge (supporting children's wellbeing through the evaluation of associated programs and policies), they vary greatly in their specified duties and responsibilities.
4. Four of them are specifically tasked with supporting the wellbeing of children with behavioral health needs.

5. Half of the bodies have explicit data responsibilities.
6. Of the four that include multiple executive branch agency commissioners, or their designees, as members, all include the DCF, DSS, and DMHAS commissioners.
7. All six are actively meeting, with most having met within the last two months (as of August 25, 2026).

Table 1: Oversight and Advisory Body Comparison

Oversight or Advisory Body	Population Served	Main Charge	Data Responsibilities	Commissioners (or Their Designees) Who are Members	Last Meeting Date
Behavioral Health Partnership and Associated Oversight Council	HUSKY A health members and children enrolled in DCF's voluntary service program	BHP's charge: Increasing access to quality behavioral health services for children and families (with a focus on specific populations) Oversight Council's charge: Advising the DCF, DSS, and DHMAS commissioners on the planning and implementation of the BHP	Not explicitly stated	None on Oversight Council (Although DCF, DMHAS, and DSS are charged with creating the partnership)	July 8, 2026
Children's Behavioral Health Advisory Committee	Children with behavioral health needs	Evaluating and improving children's behavioral health services	Not explicitly stated	DCF, DSS, SDE, DMHAS, and DDS	August 7, 2026
Children's Mental, Emotional, and Behavioral Health Plan Implementation Advisory Board	Children with mental, emotional, and behavioral health needs	Advising state agencies and other parties on executing DCF's comprehensive implementation plan for meeting the mental, emotional and behavioral health needs of children	Advise on applying data-informed strategies to the comprehensive implementation plan for meeting the mental, emotional and behavioral health needs of all children in the state	DCF, DDS, DSS, DPH, DMHAS, SDE, the Office of Early Childhood (OEC), and the departments of Insurance (CID), Labor (DOL), and Correction (DOC)	July 13, 2026

Table 1 (continued)

Oversight or Advisory Body	Population Served	Main Charge	Data Responsibilities	Commissioners (or Their Designees) Who are Members	Last Meeting Date
Juvenile Justice Policy and Oversight Committee	Individuals under the age of 18 involved in the juvenile justice system	Evaluating policies related to the juvenile justice system and the expansion of juvenile jurisdiction to include individuals 16 and 17 years old	Establish a data working group to develop a plan for a data integration process to link data related to children across executive branch agencies, including a data-sharing template	DCF, DOC, SDE, DMHAS, DOL, DSS, DPH, and the departments of Housing and Emergency Services and Public Protection	April 10, 2026
State Advisory Council on Children and Families	Children, including those in unsafe and/or unhealthy conditions and those in the communities served, and children's families	Evaluating DCF programs, policies, and reports to ensure child safety and well-being	Review DCF data pertaining to child safety, well-being, and permanency at least twice per year	DCF (ex-officio member without a vote)	August 3, 2026
Transforming Children's Behavioral Health Policy and Planning Committee	Children birth to 18 with behavioral health needs	Evaluating the prevention, early intervention, and behavioral health treatment services and options for children ages birth to 18	Not explicitly stated	DCF, DOC, DDS, OEC, CID, DMHAS, DPH, DSS, the Office of Health Strategy, Court Support Services, OPM, and the Office of the Child Advocate	July 15, 2026

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