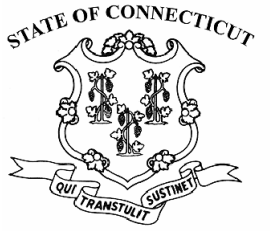

Substitute Senate Bill No. 972

Public Act No. 13-178

AN ACT CONCERNING THE MENTAL, EMOTIONAL AND BEHAVIORAL HEALTH OF YOUTHS.

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

Section 1. (NEW) (*Effective July 1, 2013*) (a) (1) The Commissioner of Children and Families, in consultation with representatives of the children and families served by the department, providers of mental, emotional or behavioral health services for children and families, advocates, and others interested in the well-being of children and families in this state, shall develop a comprehensive implementation plan, across agency and policy areas, for meeting the mental, emotional and behavioral health needs of all children in the state, and preventing or reducing the long-term negative impact of mental, emotional and behavioral health issues on children. In developing the implementation plan, the department shall include, at a minimum, the following strategies to prevent or reduce the long-term negative impact of mental, emotional and behavioral health issues on children:

(A) Employing prevention-focused techniques, with an emphasis on early identification and intervention;

(B) Ensuring access to developmentally-appropriate services;

(C) Offering comprehensive care within a continuum of services;

(D) Engaging communities, families and youths in the planning, delivery and evaluation of mental, emotional and behavioral health care services;

(E) Being sensitive to diversity by reflecting awareness of race, culture, religion, language and ability;

(F) Establishing results-based accountability measures to track progress towards the goals and objectives outlined in this section and sections 2 to 7, inclusive, of this act;

(G) Applying data-informed quality assurance strategies to address mental, emotional and behavioral health issues in children;

(H) Improving the integration of school and community-based mental health services; and

(I) Enhancing early interventions, consumer input and public information and accountability by (i) in collaboration with the Department of Public Health, increasing family and youth engagement in medical homes; (ii) in collaboration with the Department of Social Services, increasing awareness of the 2-1-1 Infoline program; and (iii) in collaboration with each program that addresses the mental, emotional or behavioral health of children within the state, insofar as they receive public funds from the state, increasing the collection of data on the results of each program, including information on issues related to response times for treatment, provider availability and access to treatment options.

(2) Not later than April 15, 2014, the commissioner shall submit and present a status report on the progress of the implementation plan, in accordance with section 11-4a of the general statutes, to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to children and appropriations.

(3) On or before October 1, 2014, the commissioner shall submit and present the implementation plan, in accordance with section 11-4a of the general statutes, to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to children and appropriations.

(4) On or before October 1, 2015, and biennially thereafter through and including 2019, the department shall submit and present progress reports on the status of implementation, and any data-driven recommendations to alter or augment the implementation in accordance with section 11-4a of the general statutes, to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to children and appropriations.

(b) Emergency mobile psychiatric service providers shall collaborate with community-based mental health care agencies, school-based health centers and the contracting authority for each local or regional board of education throughout the state, utilizing a variety of methods, including, but not limited to, memoranda of understanding, policy and protocols regarding referrals and outreach and liaison between the respective entities. These methods shall be designed to (1) improve coordination and communication in order to enable such entities to promptly identify and refer children with mental, emotional or behavioral health issues to the appropriate treatment program, and (2) plan for any appropriate follow-up with the child and family.

(c) Local law enforcement agencies and local and regional boards of education that employ or engage school resource officers shall, provided federal funds are available, train school resource officers in nationally-recognized best practices to prevent students with mental health issues from being victimized or disproportionately referred to the juvenile justice system as a result of their mental health issues.

(d) The Department of Children and Families, in collaboration with

agencies that provide training for mental health care providers in urban, suburban and rural areas, shall provide phased-in, ongoing training for mental health care providers in evidence-based and trauma-informed interventions and practices.

Sec. 2. (NEW) (*Effective October 1, 2013*) The Office of Early Childhood, as established in section 1 of substitute house bill 6359 of the current session, in collaboration with the Department of Children and Families, shall provide, to the extent that private, federal or philanthropic funding is available, professional development training to pediatricians and child care providers to help prevent and identify mental, emotional and behavioral health issues in children by utilizing the Infant and Early Childhood Mental Health Competencies, or a similar model, with a focus on maternal depression and its impact on child development.

Sec. 3. (NEW) (*Effective July 1, 2013*) The birth-to-three program, established under section 17a-248b of the general statutes and administered by the Department of Developmental Services, shall provide mental health services to any child eligible for early intervention services pursuant to Part C of the Individuals with Disabilities Education Act, 20 USC 1431 et seq., as amended from time to time. Any child not eligible for services under said act shall be referred by the program to a licensed mental health care provider for evaluation and treatment, as needed.

Sec. 4. (NEW) (*Effective July 1, 2013*) The state shall seek existing public or private reimbursement for (1) mental, emotional and behavioral health care services delivered in the home and in elementary and secondary schools, and (2) mental, emotional and behavioral health care services offered through the Department of Social Services pursuant to the federal Early and Periodic Screening, Diagnosis and Treatment Program under 42 USC 1396d.

Sec. 5. (NEW) (*Effective October 1, 2013*) Not later than December 1, 2014, the Office of Early Childhood, through the Early Childhood Education Cabinet, shall provide recommendations for implementing the coordination of home visitation programs within the early childhood system that offer a continuum of services to vulnerable families with young children, including prevention, early intervention and intensive intervention, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations, human services, education and children. Vulnerable families with young children may include, but are not limited to, those facing poverty, trauma, violence, special health care needs, mental, emotional or behavioral health care needs, substance abuse challenges and teen parenthood. The recommendations shall address, at a minimum:

(1) A common referral process for families requesting home visitation programs;

(2) A core set of competencies and required training for all home visitation program staff;

(3) A core set of standards and outcomes for all programs, including requirements for a monitoring framework;

(4) Coordinated training for home visitation and early care providers, to the extent that training is currently provided, on cultural competency, mental health awareness and issues such as child trauma, poverty, literacy and language acquisition;

(5) Development of common outcomes;

(6) Shared reporting of outcomes, including information on any existing gaps in services, disaggregated by agency and program, which shall be reported annually, pursuant to section 11-4a of the general statutes, to the joint standing committees of the General Assembly

having cognizance of matters relating to appropriations, human services and children;

(7) Home-based treatment options for parents of young children who are suffering from severe depression; and

(8) Intensive intervention services for children experiencing mental, emotional or behavioral health issues, including, but not limited to, relationship-focused intervention services for young children.

Sec. 6. (NEW) (*Effective October 1, 2013*) (a) The Office of Early Childhood, as established in section 1 of substitute house bill 6359 of the current session, in collaboration with the Departments of Children and Families, Education and Public Health, to the extent that private funding is available, shall design and implement a public information and education campaign on children's mental, emotional and behavioral health issues. Such campaign shall provide:

(1) Information on access to support and intervention programs providing mental, emotional and behavioral health care services to children;

(2) A list of emotional landmarks and the typical ages at which such landmarks are attained;

(3) Information on the importance of a relationship with and connection to an adult in the early years of childhood;

(4) Strategies that parents and families can employ to improve their child's mental, emotional and behavioral health, including executive functioning and self-regulation;

(5) Information to parents regarding methods to address and cope with mental, emotional and behavioral health stressors at various ages of a child's development and at various stages of a parent's work and

family life;

(6) Information on existing public and private reimbursement for services rendered; and

(7) Strategies to address the stigma associated with mental illness.

(b) Not later than October 1, 2014, and annually thereafter, to the extent that private funding is available under subsection (a) of this section, the Office of Early Childhood shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to children and public health on the status of the public information and education campaign implemented pursuant to subsection (a) of this section.

Sec. 7. (NEW) (*Effective October 1, 2013*) (a) The Judicial Branch, in collaboration with the Departments of Children and Families and Correction, may seek public or private funding to perform a study (1) disaggregated by race, to determine whether children and young adults whose primary need is mental health intervention are placed into the juvenile justice or correctional systems rather than receiving treatment for their mental health issues; (2) to determine the consequences that result from inappropriate referrals to the juvenile justice or correctional systems, including the impact of such consequences on the mental, emotional and behavioral health of children and young adults and the cost to the state; (3) to determine the programs that would reduce inappropriate referrals; and (4) to make recommendations to ensure proper treatment is available for children suffering from mental, emotional or behavioral health issues.

(b) Upon completion of the study conducted pursuant to subsection (a) of this section, the Judicial Branch shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint

standing committees of the General Assembly having cognizance of matters relating to appropriations, children and the judiciary on the results of such study.

Sec. 8. (*Effective July 1, 2013*) (a) There is established a Children's Mental Health Task Force to study the effects of nutrition, genetics, complementary and alternative treatments and psychotropic drugs on the mental, emotional and behavioral health of children within the state. Members of the task force shall serve without compensation but shall, within the limits of available funds, be reimbursed for expenses necessarily incurred in the performance of their duties. The task force shall: (1) Study the effects of nutrition, genetics, complementary and alternative treatments and psychotropic drugs on the mental, emotional and behavioral health of children; (2) gather and maintain current information regarding said effects; and (3) advise the General Assembly and Governor concerning the coordination and administration of state programs that may address the impact of said effects on the mental, emotional and behavioral health of children using a results-based accountability framework.

(b) The task force shall consist of the chairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to children, and ten members appointed as follows:

(1) A psychologist licensed under chapter 383 of the general statutes, appointed by the president pro tempore of the Senate;

(2) A child psychiatrist licensed to practice medicine in this state, appointed by the speaker of the House of Representatives;

(3) A licensed and board-certified physician specializing in genetics, appointed by the majority leader of the Senate;

(4) A public health expert in children's health issues, appointed by

the minority leader of the Senate;

(5) An educator with expertise providing school-based mental health services in collaboration with community-based mental health service providers, appointed by the minority leader of the House of Representatives;

(6) A pediatrician licensed to practice medicine in the state, appointed by the Senate chairperson of the joint standing committee of the General Assembly having cognizance of matters relating to children;

(7) A complementary and alternative medicine or integrative therapy expert specializing in the treatment of physical, mental, emotional and behavioral health issues in children, appointed by the House chairperson of the joint standing committee of the General Assembly having cognizance of matters relating to children;

(8) A dietitian-nutritionist licensed under chapter 384b of the general statutes, appointed by the Senate ranking member of the joint standing committee of the General Assembly having cognizance of matters relating to children;

(9) A psychotropic pharmacologist, appointed by the House ranking member of the joint standing committee of the General Assembly having cognizance of matters relating to children; and

(10) A pharmacologist, appointed by the Governor.

(c) All appointments to the task force shall be made not later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority.

(d) The chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to children shall serve

as the chairpersons of the task force. Such chairpersons shall schedule the first meeting of the task force, which shall be held not later than sixty days after the effective date of this section.

(e) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to children shall serve as administrative staff of the task force.

(f) Not later than September 30, 2014, the task force shall submit a report on its findings and recommendations to the Commissioner of Children and Families and the joint standing committee of the General Assembly having cognizance of matters relating to children, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or September 30, 2014, whichever is later.

Approved June 24, 2013