Senate

General Assembly

File No. 195

January Session, 2013

Substitute Senate Bill No. 972

Senate, March 27, 2013

The Committee on Children reported through SEN. BARTOLOMEO of the 13th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

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) There is established a Youth Mental Health Care system. The system shall be developed and implemented by the Department of Children and Families, in consultation with the Office of Early Childhood, established by section 1 of house bill 6359 of the current session, the Department of Social Services, the Department of Developmental Services, the Department of Public Health, the Department of Mental Health and Addiction Services, the Commission on Children, the Office of the Child Advocate, the Office of the Healthcare Advocate, the Behavioral Health Partnership, the Chief Court Administrator and community mental health experts appointed by the Commissioner of Children and Families. The system shall be developed according to a master plan and shall have an interconnected framework in which elementary and secondary schools and entities providing mental health services or

child and family services are organized to provide prevention and intervention services to any child with mental, emotional or behavioral health needs.

(b) The master plan shall: (1) Utilize early identification and intervention techniques to address mental, emotional or behavioral health issues; (2) ensure access to developmentally-appropriate mental, emotional or behavioral health services for all children; (3) offer comprehensive care to assist children with a range of mental, emotional or behavioral health needs; (4) engage children in need of mental, emotional or behavioral health services, and the families of such children, in the planning, delivery and evaluation of such services; and (5) establish results-based accountability measures to track progress towards the goals and objectives outlined in the system.

(c) The Youth Mental Health Care system shall:

(1) Strengthen families through a system of home visitation and parenting education programs to develop (A) a common referral process for families requesting such programs, (B) a common set of competencies and required training for all home visitors, and (C) a common set of standards for each such program, including, but not limited to, (i) family assessment upon enrollment, (ii) a system of universal health and development screenings for all youths, and (iii) coordinated training for home visitation and early care providers on issues such as youth trauma, poverty, literacy and language acquisition, and mental health awareness;

(2) Increase the awareness of mental, emotional or behavioral health issues within elementary and secondary schools by (A) providing access to a regional child psychiatry consultation network to support physicians and other primary care providers, including school-based health clinics and mental health staff in schools, (B) executing a memorandum of understanding between emergency mobile psychiatric service providers, community-based mental health care agencies and elementary and secondary schools throughout the state, to identify and refer youths with mental health needs to the

appropriate care givers, and (C) training elementary and secondary school employees on the warning signs of mental, emotional or behavioral health issues;

(3) Improve the system of addressing mental, emotional or behavioral health issues in youths by (A) increasing access to and coordination of mental, emotional or behavioral health services, (B) providing ongoing training to mental health care providers, (C) creating a regional network of child psychiatrists to provide consultative services to physicians and other primary care providers treating youths with mental, emotional or behavioral health issues, (D) increasing family and youth engagement in medical homes, established pursuant to section 17b-263c of the general statutes, (E) increasing awareness of the 2-1-1 Infoline program, and (F) requiring every program administered by the state that addresses mental, emotional or behavioral health issues to collect data on the results of such program's initiatives; and

(4) Provide public and private reimbursement for (A) mental, emotional or behavioral health services delivered in the home and in elementary and secondary schools, (B) mental, emotional or behavioral health services delivered pursuant to the federal Mental Health Parity and Addiction Equity Act of 2008, P.L. 110-343, as amended from time to time, and regulations adopted thereunder, (C) mental, emotional or behavioral health services delivered through the federal Early and Periodic Screening, Diagnostic and Treatment program, and (D) treatment of maternal depression.

Sec. 2. (*Effective July 1, 2013*) (a) There is established a Nutrition, Genetics and Psychotropic Drugs Task Force to study the effects of nutrition, genetics and psychotropic drugs on the mental, emotional and behavioral health of children within the state. The task force shall consist of the following members: (1) The Commissioner of Children and Families, or said commissioner's designee, (2) the Commissioner of Social Services, or said commissioner's designee, (3) a psychologist licensed under chapter 383 of the general statutes appointed by the

Commissioner of Children and Families, (4) a dietitian-nutritionist licensed under chapter 384b of the general statutes appointed by the Commissioner of Children and Families, (5) a child psychiatrist licensed to practice medicine in this state appointed by the Commissioner of Children and Families, (6) a licensed and board-certified physician specializing in genetics appointed by the Commissioner of Children and Families, (7) a full-time member of the faculty at a university or college in the state who specializes in human genetics appointed by the Commissioner of Children and Families, and (8) the chairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to children. All appointments to the task force shall be made not later than July 31, 2013. Any vacancy shall be filled by the appointing authority.

(b) The task force shall: (1) Study the effects of nutrition, genetics and psychotropic drugs on the mental, emotional and behavioral health of children; (2) gather and maintain current information regarding nutrition, genetics and psychotropic drugs that can be used to better understand the impact of nutrition, genetics and psychotropic drugs on the mental, emotional and behavioral health of children; and (3) advise the General Assembly and Governor concerning the coordination and administration of state programs that may address the impact of nutrition, genetics and psychotropic drugs on the mental, emotional and behavioral health of children.

(c) Not later than September 30, 2014, the task force shall submit, in accordance with the provisions of section 11-4a of the general statutes, a report to the joint standing committee of the General Assembly having cognizance of matters relating to children specifying the task force's findings and recommendations pursuant to subsection (b) of this section.

(d) The task force shall terminate on October 1, 2014.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*July 1, 2013*	New section
Sec. 2	*July 1, 2013*	New section

Statement of Legislative Commissioners:
In section 1(a), "a working group of" was deleted for clarity and consistency; in section 1(c)(1), "and parenting education" was added after "home visitation" and additional technical revisions were made for clarity and consistency; in section 1(c)(3), "current" was deleted and "administered by the state" was added for clarity and consistency; and in section 1(c)(4), "federal" and "P.L. 110-343, as amended from time to time, and regulations adopted thereunder," were added for statutory consistency.

KID *Joint Favorable Subst.*

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 14 $	FY 15 $
Children & Families, Dept.	GF - Cost	Potential Significant	Potential Significant
Legislative Mgmt.	GF - Cost	less than 1,000	less than 1,000

Municipal Impact: None

Explanation

The bill results in a significant cost in both FY 14 and FY 15 to the Department of Children and Families (DCF) to implement a Youth Mental Health Care System that, among other requirements, (1) strengthens families through home visitation, (2) increases awareness of mental, emotional or behavioral health issues within elementary and secondary schools by providing access to a regional child psychiatry consultation network, (3) trains elementary and secondary school employees on the warning signs of mental, emotional or behavioral health warning signs and (4) provides public and private reimbursement for various mental, emotional or behavioral health services. It is estimated that there are 804,328 persons in Connecticut age 18 or younger. Of this number, it is unknown how many individuals might be interpreted as "youth" and how many of these youths might require Youth Mental Health Care System services. There also may be a cost of less than $1,000 to agencies participating in a Nutrition, Genetics and Psychotropic Drugs task force to reimburse legislators and agency staff for mileage expenses.

In FY 13, DCF contracts for home visitation services average $3,611

per client. It is unknown how many youths would require these services and how many of these might be served by approximately $9 million in funding in FY 14 – FY 16 under the Federal Maternal, Infant and Early Childhood Home Visitation grant.

Increasing awareness of mental, emotional or behavioral health issues within elementary and secondary schools by providing access to a regional child psychiatry consultation network is estimated to cost approximately $1.8 million annually. This is based on contract costs associated with providing a child psychiatrist, a social worker and a care coordinator for each of three regions covering approximately 270,000 children each (a total cost of $1.5 million) and a part-time child psychiatrist providing medical direction of the program, a part-time program manager overseeing the regions, a part-time data analyst to track consultations and trainings and indirect costs. It is anticipated that the regional staff would train elementary and secondary school employees on the warning signs of mental, emotional or behavioral health warning signs.

It is unknown what the cost would be for DCF's Youth Mental Health Care System to provide public and private reimbursement for various mental, emotional or behavioral health services but it is anticipated for public (i.e. DCF) reimbursement expenses to be significant.

The Out Years

Youth Mental Health Care System costs would continue into the future subject to the programs developed and implemented by DCF , the number of youth/families that would be provided services and/or training and the amount of public reimbursement that will be needed for applicable various mental, emotional or behavioral health services. There is no ongoing fiscal impact associated with the task force as it terminates in FY 15.

OLR Bill Analysis

sSB 972

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

SUMMARY:

This bill requires the Department of Children and Families (DCF) to develop and implement a youth mental health care system. The system, according to a master plan, must:

1. strengthen families through home visitation and parenting education programs;

2. increase mental, emotional, or behavioral health issue awareness within elementary and secondary schools;

3. improve the current system of addressing such issues in youths; and

4. provide public and private reimbursement for some mental, emotional, or behavioral health services.

DCF must consult with several agencies, health experts, and others to develop and implement the system.

The bill also establishes an 11-member task force to study the effects of nutrition, genetics, and psychotropic drugs (e.g. antidepressants) on Connecticut children's mental, emotion, and behavioral health. The task force must report its findings and recommendations to the Children's Committee by September 30, 2014 and terminate on October 1, 2014.

EFFECTIVE DATE: July 1, 2013

YOUTH MENTAL HEALTH CARE SYSTEM.

DCF must develop and implement a youth mental health care system in consultation with:

1. the Office of Early Childhood (created under HB 6359 of the current session);
2. the departments of Social Services (DSS), Developmental Services, Public Health, and Mental Health and Addiction Services (DMHAS);
3. the Commission on Children;
4. the child and healthcare advocates;
5. the Behavioral Health Partnership;
6. the chief court administrator; and
7. DCF-appointed community mental health experts.

The system must have an interconnected framework that organizes elementary and secondary schools and mental health or child and family service providers to provide prevention and intervention services to any child with mental, emotional, or behavioral health needs.

Master Plan

The system must be developed under a master plan that must:

1. use early identification and intervention techniques to address mental, emotional, or behavioral health issues;
2. ensure access to developmentally appropriate mental, emotional, or behavioral health services for all children
3. offer comprehensive care to help children with a range of mental, emotional, or behavioral health needs;
4. engage children needing mental, emotional, or behavioral

health services and their families in service planning, delivery, and evaluation; and

5. establish results-based accountability measures to track progress towards the goals and objectives outlined in the system.

Home Visitation Programs

The system must strengthen families through home visitation and parenting education programs to develop a common:

1. referral process for families requesting such programs;

2. set of competencies and required training for all home visitors; and

3. set of standards for all home visitation programs, including family assessment upon enrollment; universal health and development screening system for all youths; and coordinated training for home visitation and early care providers on issues such as youth trauma, poverty, literacy and language acquisition, and mental health awareness.

Mental, Emotional, or Behavioral Health Issue Awareness

The system must increase mental, emotional, or behavioral health issue awareness within elementary and secondary schools by:

1. providing access to a regional child psychiatry consultation network to support physicians and other primary care providers, including school-based health clinics and mental health staff in schools;

2. executing a memorandum of understanding between emergency mobile psychiatric service providers, community-based mental health care agencies, and elementary and secondary schools statewide to identify and refer youths with mental health needs to appropriate caregivers; and

3. training elementary and secondary school employees on mental, emotional, or behavioral health issue warning signs.

Current System Improvement

The system must improve the system of addressing youth mental, emotional, or behavioral health issues by:

1. increasing access to and coordination of mental, emotional, or behavioral health services;

2. providing ongoing training to mental health care providers;

3. creating a regional network of child psychiatrists to provide consultation services to physicians and other primary care providers treating youths with mental, emotional, or behavioral health issues;

4. increasing family and youth engagement in medical homes (see BACKGROUND);

5. increasing awareness of the 2-1-1 Infoline program awareness (which is a single telephone source for information about community services, referrals to human services programs, and crisis intervention); and

6. requiring every state-administered program that addresses mental, emotional, or behavioral health issues to collect data on the results of the program's initiatives.

Mental, Emotional, or Behavioral Health Services Reimbursement

The system must also provide public and private reimbursement for mental, emotional, or behavioral health services delivered (1) in the home and in elementary and secondary schools; (2) under the 2008 federal Mental Health Parity and Addiction Equity Act (MHPAEA); or (3) through the federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program (see BACKGROUND).

The system must also provide public and private reimbursement for

in-home maternal depression treatment.

The bill does not specify how the reimbursements will be funded.

NUTRITION, GENETICS, AND PSYCHOTROPIC DRUGS TASK FORCE

The bill establishes a task force to study the effects of nutrition, genetics, and psychotropic drugs on Connecticut children's mental, emotional, and behavioral health. The task force must also:

1. gather and maintain current information on nutrition, genetics, and psychotropic drugs that can be used to better understand their impact on children's mental, emotional, and behavioral health and

2. advise the governor and General Assembly on how to coordinate and administer state programs to address the impact of nutrition, genetics, and psychotropic drugs on children's mental, emotional and behavioral health.

The task force members must include the DCF and DSS commissioners or their designees and the Children's Committee chairpersons and ranking members. The DCF commissioner must also appoint to the task force a full-time state university or college faculty member who specializes in human genetics and a state-licensed (1) psychologist, (2) dietitian-nutritionist, (3) psychiatrist, and (4) board-certified physician specializing in genetics.

All task force appointments must be made by July 31, 2013. The appointing authorities fill any vacancies.

BACKGROUND

Medical Homes

Medical homes, as defined by federal law, are for people eligible for Medicaid or Medicaid waiver who have (1) two chronic conditions, (2) one chronic condition with a risk of developing a second, or (3) a serious and persistent mental health or substance abuse condition.

Medical home services include:

1. comprehensive case management,

2. care coordination and health promotion, and

3. patient and family support.

MHPAEA

The MHPAEA requires large group health plan that includes mental health benefits to ensure that imposing financial requirements (e.g., deductibles and co-payments) or treatment limitations (e.g., number of visits or days of coverage) are no more restrictive than the predominant financial requirements and treatment limitations imposed on substantially all medical and surgical benefits.

EPSDT

The EPSDT program provides comprehensive health services for infants, children, and adolescents enrolled in Medicaid. Federal law prescribes screening services states must offer, although it allows them some flexibility in setting when and how often screenings should be conducted.

Related Bill

SB 169, reported favorably by the Children's Committee, requires DCF, in cooperation with DMHAS, to develop a program to improve children's mental health.

COMMITTEE ACTION

Children Committee

Joint Favorable Substitute
Yea 12 Nay 0 (03/12/2013)