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:

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<tr>
<th>Section</th>
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<tbody>
<tr>
<td>1</td>
<td>July 1, 2013</td>
<td>New section</td>
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<td>2</td>
<td>July 1, 2013</td>
<td>New section</td>
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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.