



General Assembly

**Substitute Bill No. 972**

January Session, 2013



**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:

1 Section 1. (NEW) (*Effective July 1, 2013*) (a) There is established a  
2 Youth Mental Health Care system. The system shall be developed and  
3 implemented by the Department of Children and Families, in  
4 consultation with the Office of Early Childhood, established by section  
5 1 of house bill 6359 of the current session, the Department of Social  
6 Services, the Department of Developmental Services, the Department  
7 of Public Health, the Department of Mental Health and Addiction  
8 Services, the Commission on Children, the Office of the Child  
9 Advocate, the Office of the Healthcare Advocate, the Behavioral  
10 Health Partnership, the Chief Court Administrator and community  
11 mental health experts appointed by the Commissioner of Children and  
12 Families. The system shall be developed according to a master plan  
13 and shall have an interconnected framework in which elementary and  
14 secondary schools and entities providing mental health services or  
15 child and family services are organized to provide prevention and  
16 intervention services to any child with mental, emotional or behavioral  
17 health needs.

18 (b) The master plan shall: (1) Utilize early identification and  
19 intervention techniques to address mental, emotional or behavioral

20 health issues; (2) ensure access to developmentally-appropriate mental,  
21 emotional or behavioral health services for all children; (3) offer  
22 comprehensive care to assist children with a range of mental,  
23 emotional or behavioral health needs; (4) engage children in need of  
24 mental, emotional or behavioral health services, and the families of  
25 such children, in the planning, delivery and evaluation of such  
26 services; and (5) establish results-based accountability measures to  
27 track progress towards the goals and objectives outlined in the system.

28 (c) The Youth Mental Health Care system shall:

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

39 (2) Increase the awareness of mental, emotional or behavioral health  
40 issues within elementary and secondary schools by (A) providing  
41 access to a regional child psychiatry consultation network to support  
42 physicians and other primary care providers, including school-based  
43 health clinics and mental health staff in schools, (B) executing a  
44 memorandum of understanding between emergency mobile  
45 psychiatric service providers, community-based mental health care  
46 agencies and elementary and secondary schools throughout the state,  
47 to identify and refer youths with mental health needs to the  
48 appropriate care givers, and (C) training elementary and secondary  
49 school employees on the warning signs of mental, emotional or  
50 behavioral health issues;

51 (3) Improve the system of addressing mental, emotional or

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

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

73 Sec. 2. (*Effective July 1, 2013*) (a) There is established a Nutrition,  
74 Genetics and Psychotropic Drugs Task Force to study the effects of  
75 nutrition, genetics and psychotropic drugs on the mental, emotional  
76 and behavioral health of children within the state. The task force shall  
77 consist of the following members: (1) The Commissioner of Children  
78 and Families, or said commissioner's designee, (2) the Commissioner  
79 of Social Services, or said commissioner's designee, (3) a psychologist  
80 licensed under chapter 383 of the general statutes appointed by the  
81 Commissioner of Children and Families, (4) a dietitian-nutritionist  
82 licensed under chapter 384b of the general statutes appointed by the  
83 Commissioner of Children and Families, (5) a child psychiatrist  
84 licensed to practice medicine in this state appointed by the

85 Commissioner of Children and Families, (6) a licensed and board-  
 86 certified physician specializing in genetics appointed by the  
 87 Commissioner of Children and Families, (7) a full-time member of the  
 88 faculty at a university or college in the state who specializes in human  
 89 genetics appointed by the Commissioner of Children and Families, and  
 90 (8) the chairpersons and ranking members of the joint standing  
 91 committee of the General Assembly having cognizance of matters  
 92 relating to children. All appointments to the task force shall be made  
 93 not later than July 31, 2013. Any vacancy shall be filled by the  
 94 appointing authority.

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

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

111 (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	<i>July 1, 2013</i>	New section
Sec. 2	<i>July 1, 2013</i>	New section

**KID**      *Joint Favorable Subst.*

**HS**        *Joint Favorable*