



General Assembly

January Session, 2013

Amendment

LCO No. 7782

SB0097207782SD0

Offered by:

SEN. BARTOLOMEO, 13th Dist.
SEN. BYE, 5th Dist.
SEN. GERRATANA, 6th Dist.
SEN. SLOSSBERG, 14th Dist.
SEN. DUFF, 25th Dist.
SEN. CRISCO, 17th Dist.
SEN. HARP, 10th Dist.
SEN. LINARES, 33rd Dist.
REP. URBAN, 43rd Dist.
REP. HOYDICK, 120th Dist.
SEN. FASANO, 34th Dist.
SEN. FRANTZ, 36th Dist.
REP. HOVEY, 112th Dist.

REP. BOLINSKY, 106th Dist.
REP. ABERCROMBIE, 83rd Dist.
REP. BUTLER, 72nd Dist.
REP. VARGAS, 6th Dist.
REP. HAMPTON, 16th Dist.
REP. WALKER, 93rd Dist.
REP. CUEVAS, 75th Dist.
REP. BETTS, 78th Dist.
REP. SANTIAGO, 84th Dist.
SEN. MCKINNEY, 28th Dist.
SEN. LOONEY, 11th Dist.
SEN. WILLIAMS, 29th Dist.

To: Subst. Senate Bill No. 972

File No. 195

Cal. No. 177

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

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective July 1, 2013*) (a) (1) The Commissioner of
4 Children and Families, in consultation with representatives of the
5 children and families served by the department, providers of mental,

6 emotional or behavioral health services for children and families,
7 advocates, and others interested in the well-being of children and
8 families in this state, shall develop a comprehensive implementation
9 plan, across agency and policy areas, for meeting the mental,
10 emotional and behavioral health needs of all children in the state, and
11 preventing or reducing the long-term negative impact of mental,
12 emotional and behavioral health issues on children. In developing the
13 implementation plan, the department shall include, at a minimum, the
14 following strategies to prevent or reduce the long-term negative
15 impact of mental, emotional and behavioral health issues on children:

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

18 (B) Ensuring access to developmentally-appropriate services;

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

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

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

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

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

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

32 (I) Enhancing early interventions, consumer input and public
33 information and accountability by (i) in collaboration with the

34 Department of Public Health, increasing family and youth engagement
35 in medical homes; (ii) in collaboration with the Department of Social
36 Services, increasing awareness of the 2-1-1 Infoline program; and (iii)
37 in collaboration with each program that addresses the mental,
38 emotional or behavioral health of children within the state, insofar as
39 they receive public funds from the state, increasing the collection of
40 data on the results of each program, including information on issues
41 related to response times for treatment, provider availability and
42 access to treatment options.

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

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

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

60 (b) Emergency mobile psychiatric service providers shall collaborate
61 with community-based mental health care agencies, school-based
62 health centers and the contracting authority for each local or regional
63 board of education throughout the state, utilizing a variety of methods,
64 including, but not limited to, memoranda of understanding, policy and
65 protocols regarding referrals and outreach and liaison between the

66 respective entities. These methods shall be designed to (1) improve
67 coordination and communication in order to enable such entities to
68 promptly identify and refer children with mental, emotional or
69 behavioral health issues to the appropriate treatment program, and (2)
70 plan for any appropriate follow-up with the child and family.

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

77 (d) The Department of Children and Families, in collaboration with
78 agencies that provide training for mental health care providers in
79 urban, suburban and rural areas, shall provide phased-in, ongoing
80 training for mental health care providers in evidence-based and
81 trauma-informed interventions and practices.

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

92 Sec. 3. (NEW) (*Effective July 1, 2013*) The birth-to-three program,
93 established under section 17a-248b of the general statutes and
94 administered by the Department of Developmental Services, shall
95 provide mental health services to any child eligible for early
96 intervention services pursuant to Part C of the Individuals with
97 Disabilities Education Act, 20 USC 1431 et seq., as amended from time

98 to time. Any child not eligible for services under said act shall be
99 referred by the program to a licensed mental health care provider for
100 evaluation and treatment, as needed.

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

108 Sec. 5. (NEW) (*Effective October 1, 2013*) Not later than December 1,
109 2014, the Office of Early Childhood, through the Early Childhood
110 Education Cabinet, shall provide recommendations for implementing
111 the coordination of home visitation programs within the early
112 childhood system that offer a continuum of services to vulnerable
113 families with young children, including prevention, early intervention
114 and intensive intervention, to the joint standing committees of the
115 General Assembly having cognizance of matters relating to
116 appropriations, human services, education and children. Vulnerable
117 families with young children may include, but are not limited to, those
118 facing poverty, trauma, violence, special health care needs, mental,
119 emotional or behavioral health care needs, substance abuse challenges
120 and teen parenthood. The recommendations shall address, at a
121 minimum:

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

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

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

128 (4) Coordinated training for home visitation and early care

129 providers, to the extent that training is currently provided, on cultural
130 competency, mental health awareness and issues such as child trauma,
131 poverty, literacy and language acquisition;

132 (5) Development of common outcomes;

133 (6) Shared reporting of outcomes, including information on any
134 existing gaps in services, disaggregated by agency and program, which
135 shall be reported annually, pursuant to section 11-4a of the general
136 statutes, to the joint standing committees of the General Assembly
137 having cognizance of matters relating to appropriations, human
138 services and children;

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

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

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

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

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

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

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

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

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

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

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

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

189 children suffering from mental, emotional or behavioral health issues.

190 (b) Upon completion of the study conducted pursuant to subsection
191 (a) of this section, the Judicial Branch shall report, in accordance with
192 the provisions of section 11-4a of the general statutes, to the joint
193 standing committees of the General Assembly having cognizance of
194 matters relating to appropriations, children and the judiciary on the
195 results of such study.

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

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

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

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

219 (3) A licensed and board-certified physician specializing in genetics,

220 appointed by the majority leader of the Senate;

221 (4) A public health expert in children's health issues, appointed by
222 the minority leader of the Senate;

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

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

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

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

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

243 (10) A pharmacologist, appointed by the Governor.

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

247 (d) The chairpersons of the joint standing committee of the General

248 Assembly having cognizance of matters relating to children shall serve
 249 as the chairpersons of the task force. Such chairpersons shall schedule
 250 the first meeting of the task force, which shall be held not later than
 251 sixty days after the effective date of this section.

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

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

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>October 1, 2013</i>	New section
Sec. 3	<i>July 1, 2013</i>	New section
Sec. 4	<i>July 1, 2013</i>	New section
Sec. 5	<i>October 1, 2013</i>	New section
Sec. 6	<i>October 1, 2013</i>	New section
Sec. 7	<i>October 1, 2013</i>	New section
Sec. 8	<i>July 1, 2013</i>	New section