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**OLR Bill Analysis****sSB 169*****AN ACT CONCERNING THE MENTAL HEALTH NEEDS OF CHILDREN.*****SUMMARY:**

This bill establishes a community-wide public health collaborative pilot program to reduce the impact of mental or emotional trauma on children. By January 1, 2014, the members of the General Assembly who served as chairpersons of the mental health services working group of the Bipartisan Task Force on Gun Violence and Children's Safety must designate three communities of varying social and economic demographics where the pilot will operate. The bill appropriates \$6 million to the State Department of Education (SDE) for FY 14 to carry out the pilot.

The bill requires each pilot community to submit progress reports by January 1, 2015 and annually thereafter.

The bill also requires the Department of Children and Families (DCF), the state's lead agency for children's mental health, within available appropriations and in cooperation with the Department of Mental Health and Addiction Services (DMHAS) commissioner, to develop a program to improve children's mental health. A first report on its implementation is due by July 1, 2015.

Lastly, the bill requires the SDE to revise its guidelines for addressing the physical health needs of students to include their mental health needs. And it provides that if local school districts adopt their own plans for addressing students' physical health needs, they may include the students' mental health needs as well.

EFFECTIVE DATE: October 1, 2013

**PUBLIC HEALTH COLLABORATIVE PILOT PROGRAM**

***Who Develops***

The bill requires the SDE, legislators who served as members of the mental health services working group of the Bipartisan Task Force on Gun Violence and Children’s Safety, and members of the Sandy Hook Advisory Commission to work in conjunction with an advisory committee to develop this program. The above-mentioned legislators must appoint the committee members. The committee consists of:

1. representatives of state agencies, community organizations, private provider agencies that affect children’s well-being, and child advocacy organizations;
2. parents, guardians, or caretakers of children who have experienced mental or emotional trauma;
3. health care professionals; and
4. child care providers.

***Program Components***

The pilot program must provide funding to:

1. increase the availability of social, emotional, behavioral, and mental health support in school-based health clinics;
2. expand the availability of social, emotional, behavioral, and mental health support in the community by identifying a network of mental health care providers and physicians;
3. screen children from birth through grade 12 for evidence of mental or emotional trauma; and
4. coordinate community support initiatives and outreach for children in this age range suffering from mental or emotional trauma.

The pilot program must also (1) ensure that children receive the necessary emotional and mental health support they need for academic and life success and (2) establish results-based accountability

(RBA) measures to track its success. For each of the three pilot communities, these measures must assess, at a minimum, the:

1. number of substantiated reports of children from birth through grade 12 who are victims of abuse or neglect;
2. number of incidents of violence involving children in this age range; and
3. academic achievement of children in grades kindergarten through 12, including grade distribution, number of disciplinary incidents reported, and high school graduation rates.

***Appointment of Intermediary Organization to Receive and Distribute Funds***

The bill allows pilot communities to designate an intermediary organization to receive and distribute funding under the bill. Each community must notify the SDE of its decision to have an intermediary, a local board of education, or the municipality receive and distribute funding by August 1, 2014.

***Report***

The bill requires each pilot community, beginning January 1, 2015, to annually report on its program's progress, including the RBA measures, to the SDE; the chairpersons and ranking members of the Education, Children's, and Public Health committees; the legislators who served on the mental health services working group of the Bipartisan Task Force on Gun Violence and Children's Safety; and the members of the Sandy Hook Advisory Commission.

**DCF PROGRAM TO IMPROVE CHILDREN'S MENTAL HEALTH**

Within available appropriations, the bill requires the DCF commissioner, in cooperation with the DMHAS commissioner, to develop and implement a plan to improve the mental health of the state's children. The plan must recommend short- and long-term initiatives for providing comprehensive mental health assessments, early intervention, and treatment services for children from birth through grade 12.

The plan must:

1. coordinate provider services and interagency referral networks for such children to maximize resources and minimize service duplication;
2. create guidelines, in cooperation with the SDE commissioner, to incorporate social and emotional development “standards” into elementary and secondary school education programs;
3. recommend appropriations to state and local agencies for children’s mental health assessments, early intervention, and treatment;
4. make recommendations for state and local integration and coordination of federal, state, and local funding for children’s mental health care;
5. suggest ways for developing a qualified network of mental health care providers to recognize, diagnose, and provide mental health services to the target population and their families;
6. gather information on best practices and model programs and disseminate it to individuals, state and local agencies, community-based organizations, and other public and private organizations;
7. create a children’s mental health care system, in coordination with representatives of (a) state agencies, (b) community organizations, (c) private provider agencies operating programs that affect the well-being of children and their families, (d) parents and other child caretakers, (e) child advocacy organizations, and (f) health care professionals; and
8. establish RBA measures to track progress towards meeting the program’s goals and objectives.

### ***Reports***

The bill requires the DCF commissioner, by July 1, 2014, to submit the plan to the governor and General Assembly. By July 1, 2015 and annually thereafter, she must submit a progress report and any recommendations to revise the program.

### **GUIDELINES AND PLANS FOR CHILDREN'S PHYSICAL AND MENTAL HEALTH**

The law directed SDE, by January 1, 2007, to develop guidelines for addressing the physical health needs of students in a comprehensive way that coordinated services, including those provided by local parks and recreation departments. These guidelines were to be shared with local and regional school boards. And the department was to consult with certain entities, as well as the Education Committee and Select Committee on Children.

The bill requires that these guidelines be updated by January 1, 2014 to also address mental health needs of students. It requires the Public Health Committee to consult on their development, and for SDE to also consult with (1) the legislators who served as chairpersons of the mental health services working group Bipartisan Task Force on Gun Violence Prevention and Children's Safety and (2) persons who served on the Sandy Hook Advisory Commission.

The bill requires the guidelines to also include (1) plans for assessing student mental health, as well as physical health needs and strategies for addressing these needs and (2) procedures for maximizing private, as well as public funding sources for addressing these needs. It eliminates the requirement that the guidelines include municipal park and recreation department services as part of the coordinated services for addressing students' physical health needs. However, it retains a requirement under existing law for the SDE to consult with the Connecticut Recreation and Parks Association when developing the guidelines.

By law, local and regional school boards may establish comprehensive and coordinated plans to address students' physical health needs. The bill allows the plan to also address student mental

health needs. And it permits any revised plan to be implemented in the 2014-15 school year and kept in place for each subsequent school year.

**BACKGROUND**

***Related Bill***

SB 972, reported favorably by the Children’s Committee, requires DCF to consult with several agencies, health experts, and others to develop and implement a youth mental health care system.

**COMMITTEE ACTION**

Children Committee

Joint Favorable Substitute

Yea 8 Nay 4 (03/12/2013)