
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)