



General Assembly

January Session, 2013

Amendment

LCO No. 6768

SB0097206768SD0

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.
REP. URBAN, 43rd Dist.
REP. ABERCROMBIE, 83rd Dist.
REP. BUTLER, 72nd Dist.
REP. VARGAS, 6th 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) Public and private
4 agencies and programs within the state that provide mental, emotional
5 or behavioral health services for children, insofar as they receive public
6 funds from the state, shall seek to prevent or reduce the long-term
7 negative impact of mental, emotional and behavioral health issues on
8 children by:

9 (1) Employing prevention-focused techniques, with an emphasis on
10 early identification and intervention;

- 11 (2) Ensuring access to developmentally-appropriate services;
- 12 (3) Offering comprehensive care within a continuum of services;
- 13 (4) Engaging communities, families and youths in the planning,
14 delivery and evaluation of mental, emotional and behavioral health
15 care services;
- 16 (5) Being sensitive to diversity by reflecting awareness of race,
17 culture, religion, language and ability;
- 18 (6) Establishing results-based accountability measures to track
19 progress towards the goals and objectives outlined in this section and
20 sections 2 to 5, inclusive, of this act; and
- 21 (7) Applying data-informed quality assurance strategies to address
22 mental, emotional and behavioral health issues in children.
- 23 (b) Emergency mobile psychiatric service providers, community-
24 based mental health care agencies and elementary and secondary
25 schools throughout the state shall execute memoranda of
26 understanding to improve coordination and communication in order
27 to enable such entities to promptly identify and refer children with
28 mental, emotional or behavioral health issues to the appropriate
29 treatment program.
- 30 (c) Local and regional boards of education and local law
31 enforcement agencies shall, provided federal funds are available, train
32 school resource officers in nationally-recognized best practices to
33 ensure that students with mental health issues are neither victimized
34 nor disproportionately referred to the juvenile justice system as a
35 result of their mental health issues.
- 36 (d) The state shall seek to enhance early interventions, consumer
37 input and public information and accountability by requiring: (1) The
38 Department of Children and Families, in collaboration with the Child
39 Health and Development Institute of Connecticut, to provide phased-

40 in, ongoing training for mental health care providers in evidence-based
41 and trauma-informed interventions and practices; (2) the Department
42 of Public Health to increase family and youth engagement in medical
43 homes; (3) the Department of Social Services to increase awareness of
44 the 2-1-1 Infoline program; and (4) each program that addresses the
45 mental, emotional or behavioral health of children within the state,
46 insofar as they receive public funds from the state, to increase the
47 collection of data on the results of each program, including
48 information on issues related to response times for treatment, provider
49 availability and access to treatment options. Not later than January 31,
50 2014, and annually thereafter, each program that addresses the mental,
51 emotional or behavioral health of children within the state, insofar as
52 they receive public funds from the state, shall report, in accordance
53 with the provisions of section 11-4a of the general statutes, to the joint
54 standing committees of the General Assembly having cognizance of
55 matters relating to appropriations and children the results of the data
56 collected pursuant to subdivision (4) of this subsection.

57 (e) The state's early childhood system shall provide (1) to the extent
58 that private, federal or philanthropic funding is available, professional
59 development training to pediatricians and child care providers to help
60 prevent and identify mental, emotional and behavioral health issues in
61 children by utilizing the Infant and Early Childhood Mental Health
62 Competencies, with a focus on maternal depression and its impact on
63 child development; and (2) mental health services through the birth-to-
64 three program, established under section 17a-248b of the general
65 statutes and administered by the Department of Developmental
66 Services, to any child eligible for early intervention services pursuant
67 to Part C of the Individuals with Disabilities Education Act, 20 USC
68 1431 et seq., as amended from time to time. Any child not eligible for
69 services under said act shall be referred to a licensed mental health
70 care provider for evaluation and treatment, as needed.

71 (f) The state shall seek existing public or private reimbursement for
72 (1) mental, emotional and behavioral health care services delivered in

73 the home and in elementary and secondary schools, and (2) mental,
74 emotional and behavioral health care services offered through the
75 Department of Social Services pursuant to the federal Early and
76 Periodic Screening, Diagnostic and Treatment Program under 42 USC
77 1396d.

78 Sec. 2. (NEW) (*Effective October 1, 2013*) Not later than July 1, 2014,
79 the Office of Early Childhood, in collaboration with public and private
80 agencies and programs providing home visitation services, shall
81 institute a coordinated system of home visitation programs to offer a
82 continuum of services to vulnerable families with young children,
83 including prevention, early intervention and intensive intervention.
84 Vulnerable families with young children may include, but are not
85 limited to, those facing poverty, trauma, violence, special health care
86 needs, mental, emotional or behavioral health care needs, substance
87 abuse challenges and teen parenthood. The system shall include: (1) A
88 common referral process for families requesting home visitation
89 programs; (2) a core set of competencies and required training for all
90 home visitors; (3) a core set of standards and outcomes for all
91 programs, including requirements for a monitoring framework; (4) a
92 method to ensure family assessment upon enrollment in order to
93 determine the appropriate referrals for each family and child; (5)
94 coordinated training for home visitation and early care providers, to
95 the extent that training is currently provided, on cultural competency,
96 mental health awareness and issues such as child trauma, poverty,
97 literacy and language acquisition; (6) a tracking system for common
98 outcomes; (7) a shared reporting system capable of disaggregating
99 results by agency and program and providing such results, including
100 information on any existing gaps in services, pursuant to section 11-4a
101 of the general statutes, to the joint standing committees of the General
102 Assembly having cognizance of matters relating to appropriations,
103 human services and children; (8) home-based treatment options for
104 parents of young children who are suffering from severe depression;
105 and (9) intensive intervention services for children experiencing
106 mental, emotional or behavioral health issues, including, but not

107 limited to, relationship-focused intervention services for young
108 children.

109 Sec. 3. (NEW) (*Effective October 1, 2013*) (a) The Department of Public
110 Health, in collaboration with the Department of Children and Families,
111 the Department of Education and the Office of Early Childhood, to the
112 extent that private funding is available, shall design and implement a
113 public information and education campaign on children's mental,
114 emotional and behavioral health issues. Such campaign shall provide:
115 (1) Information on access to support and intervention programs
116 providing mental, emotional and behavioral health care services to
117 children; (2) information on the importance of a relationship with and
118 connection to an adult in the early years of childhood; (3) strategies
119 that parents and families can employ to improve their child's mental,
120 emotional and behavioral health, including executive functioning and
121 self-regulation; (4) information to parents regarding methods to
122 address and cope with mental, emotional and behavioral health
123 stressors at various ages of a child's development and at various stages
124 of a parent's work and family life; and (5) information on existing
125 public and private reimbursement for services rendered.

126 (b) Not later than October 1, 2014, and annually thereafter, the
127 Department of Public Health shall report, in accordance with the
128 provisions of section 11-4a of the general statutes, to the joint standing
129 committees of the General Assembly having cognizance of matters
130 relating to children and public health on the status of the public
131 information and education campaign implemented pursuant to
132 subsection (a) of this section.

133 Sec. 4. (NEW) (*Effective October 1, 2013*) The Judicial Branch, in
134 collaboration with the Departments of Children and Families and
135 Correction, may seek public or private funding to perform a study (1)
136 disaggregated by race, to determine whether children and young
137 adults whose primary need is mental health intervention are placed
138 into the juvenile justice or correctional systems rather than receiving
139 treatment for their mental health issues; (2) to determine the

140 consequences that result from inappropriate referrals to the juvenile
141 justice or correctional systems, including the impact of such
142 consequences on the mental, emotional and behavioral health of
143 children and young adults and the cost to the state; (3) to determine
144 the programs that would reduce inappropriate referrals; and (4) to
145 make recommendations to ensure proper treatment is available for
146 children suffering from mental, emotional or behavioral health issues.

147 Sec. 5. (*Effective July 1, 2013*) (a) There is established a Children's
148 Mental Health Task Force to study the effects of nutrition, genetics,
149 environmental toxins, complementary and alternative treatments and
150 psychotropic drugs on the mental, emotional and behavioral health of
151 children within the state. The task force shall: (1) Study the effects of
152 nutrition, genetics, environmental toxins, complementary and
153 alternative treatments and psychotropic drugs on the mental,
154 emotional and behavioral health of children; (2) gather and maintain
155 current information regarding said effects; and (3) advise the General
156 Assembly and Governor concerning the coordination and
157 administration of state programs that may address the impact of said
158 effects on the mental, emotional and behavioral health of children
159 using a results-based accountability framework.

160 (b) The task force shall consist of the Commissioner of Social
161 Services, or said commissioner's designee, the chairpersons and
162 ranking members of the joint standing committee of the General
163 Assembly having cognizance of matters relating to children, and eight
164 members appointed by the Commissioner of Children and Families as
165 follows:

166 (1) A dietitian-nutritionist licensed under chapter 384b of the
167 general statutes;

168 (2) A psychologist licensed under chapter 383 of the general
169 statutes;

170 (3) A child psychiatrist licensed to practice medicine in this state;

- 171 (4) A licensed and board-certified physician specializing in genetics;
- 172 (5) A public health expert specializing in the impact of
173 environmental toxins on children's health;
- 174 (6) A toxicology expert specializing in the impact of environmental
175 toxins on children's health;
- 176 (7) A full-time member of the faculty at a university or college in the
177 state specializing in the impact of environmental toxins on children's
178 health; and
- 179 (8) A complementary and alternative medicine or integrative
180 therapy expert specializing in the treatment of physical, mental,
181 emotional and behavioral health issues in children.
- 182 (c) All appointments to the task force shall be made not later than
183 thirty days after the effective date of this section. Any vacancy shall be
184 filled by the appointing authority.
- 185 (d) The chairpersons of the joint standing committee of the General
186 Assembly having cognizance of matters relating to children shall serve
187 as the chairpersons of the task force. Such chairpersons shall schedule
188 the first meeting of the task force, which shall be held not later than
189 sixty days after the effective date of this section.
- 190 (e) The administrative staff of the joint standing committee of the
191 General Assembly having cognizance of matters relating to children
192 shall serve as administrative staff of the task force.
- 193 (f) Not later than September 30, 2014, the task force shall submit a
194 report on its findings and recommendations to the Commissioner of
195 Children and Families and the joint standing committee of the General
196 Assembly having cognizance of matters relating to children, in
197 accordance with the provisions of section 11-4a of the general statutes.
198 The task force shall terminate on the date that it submits such report or
199 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>October 1, 2013</i>	New section
Sec. 4	<i>October 1, 2013</i>	New section
Sec. 5	<i>July 1, 2013</i>	New section