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 following in lieu thereof:

"Section 1. (NEW) (Effective July 1, 2013) (a) Public and private agencies and programs within the state that provide mental, emotional or behavioral health services for children, insofar as they receive public funds from the state, shall seek to prevent or reduce the long-term negative impact of mental, emotional and behavioral health issues on children by:

(1) Employing prevention-focused techniques, with an emphasis on early identification and intervention;"
(2) Ensuring access to developmentally-appropriate services;

(3) Offering comprehensive care within a continuum of services;

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

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

(6) Establishing results-based accountability measures to track progress towards the goals and objectives outlined in this section and sections 2 to 5, inclusive, of this act;

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

(8) Improving the integration of school and community-based mental health services.

(b) Emergency mobile psychiatric service providers, community-based mental health care agencies and elementary and secondary schools throughout the state shall execute memoranda of understanding with each other to (1) improve coordination and communication in order to enable such entities to promptly identify and refer children with mental, emotional or behavioral health issues to the appropriate treatment program, and (2) plan for any appropriate follow-up with the child and family.

(c) Local and regional boards of education and local law enforcement agencies shall, provided federal funds are available, train school resource officers in nationally-recognized best practices to ensure that students with mental health issues are neither victimized nor disproportionately referred to the juvenile justice system as a result of their mental health issues.
(d) The state shall seek to enhance early interventions, consumer input and public information and accountability by requiring: (1) The Department of Children and Families, in collaboration with agencies that provide training for mental health care providers in urban, suburban and rural areas, to provide phased-in, ongoing training for mental health care providers in evidence-based and trauma-informed interventions and practices; (2) the Department of Public Health to increase family and youth engagement in medical homes; (3) the Department of Social Services to increase awareness of the 2-1-1 Infoline program; and (4) each program that addresses the mental, emotional or behavioral health of children within the state, insofar as they receive public funds from the state, to increase the collection of data on the results of each program, including information on issues related to response times for treatment, provider availability and access to treatment options. Not later than January 31, 2014, and annually thereafter, each program that addresses the mental, emotional or behavioral health of children within the state, insofar as they receive public funds from the state, shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and children the results of the data collected pursuant to subdivision (4) of this subsection.

(e) (1) The Department of Children and Families, in collaboration with the Office of Early Childhood, shall provide, to the extent that private, federal or philanthropic funding is available, professional development training to pediatricians and child care providers to help prevent and identify mental, emotional and behavioral health issues in children by utilizing the Infant and Early Childhood Mental Health Competencies, with a focus on maternal depression and its impact on child development.

(2) The birth-to-three program, established under section 17a-248b of the general statutes and administered by the Department of Developmental Services, shall provide mental health services to any
child eligible for early intervention services pursuant to Part C of the Individuals with Disabilities Education Act, 20 USC 1431 et seq., as amended from time to time. Any child not eligible for services under said act shall be referred to a licensed mental health care provider for evaluation and treatment, as needed.

(f) The state shall seek existing public or private reimbursement for (1) mental, emotional and behavioral health care services delivered in the home and in elementary and secondary schools, and (2) mental, emotional and behavioral health care services offered through the Department of Social Services pursuant to the federal Early and Periodic Screening, Diagnostic and Treatment Program under 42 USC 1396d.

Sec. 2. (NEW) (Effective October 1, 2013) Not later than July 1, 2014, the Office of Early Childhood, in collaboration with public and private agencies and programs providing home visitation services, shall institute a coordinated system of home visitation programs to offer a continuum of services to vulnerable families with young children, including prevention, early intervention and intensive intervention. Vulnerable families with young children may include, but are not limited to, those facing poverty, trauma, violence, special health care needs, mental, emotional or behavioral health care needs, substance abuse challenges and teen parenthood. The system shall include: (1) A common referral process for families requesting home visitation programs; (2) a core set of competencies and required training for all home visitors; (3) a core set of standards and outcomes for all programs, including requirements for a monitoring framework; (4) a method to ensure family assessment upon enrollment in order to determine the appropriate referrals for each family and child; (5) coordinated training for home visitation and early care providers, to the extent that training is currently provided, on cultural competency, mental health awareness and issues such as child trauma, poverty, literacy and language acquisition; (6) established common outcomes; (7) shared reporting of outcomes, including information on any
existing gaps in services, disaggregated by agency and program, which shall be reported annually, pursuant to section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations, human services and children; (8) home-based treatment options for parents of young children who are suffering from severe depression; and (9) intensive intervention services for children experiencing mental, emotional or behavioral health issues, including, but not limited to, relationship-focused intervention services for young children.

Sec. 3. (NEW) (Effective October 1, 2013) (a) The Department of Public Health, in collaboration with the Department of Children and Families, the Department of Education and the Office of Early Childhood, to the extent that private funding is available, shall design and implement a public information and education campaign on children's mental, emotional and behavioral health issues. Such campaign shall provide:

(1) Information on access to support and intervention programs providing mental, emotional and behavioral health care services to children; (2) information on the importance of a relationship with and connection to an adult in the early years of childhood; (3) strategies that parents and families can employ to improve their child's mental, emotional and behavioral health, including executive functioning and self-regulation; (4) information to parents regarding methods to address and cope with mental, emotional and behavioral health stressors at various ages of a child's development and at various stages of a parent's work and family life; (5) information on existing public and private reimbursement for services rendered; and (6) strategies to address the stigma associated with mental illness.

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

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

(b) Not later than October 1, 2014, and annually thereafter, the Judicial Branch shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations, children and the judiciary on the study conducted pursuant to subsection (a) of this section.

Sec. 5. (Effective July 1, 2013) (a) There is established a Children's Mental Health Task Force to study the effects of nutrition, genetics, environmental toxins, complementary and alternative treatments and psychotropic drugs on the mental, emotional and behavioral health of children within the state. Members of the task force shall serve without compensation but shall, within the limits of available funds, be reimbursed for expenses necessarily incurred in the performance of their duties. The task force shall: (1) Study the effects of nutrition, genetics, environmental toxins, complementary and alternative treatments and psychotropic drugs on the mental, emotional and behavioral health of children; (2) gather and maintain current information regarding said effects; and (3) advise the General
Assembly and Governor concerning the coordination and administration of state programs that may address the impact of said effects on the mental, emotional and behavioral health of children using a results-based accountability framework.

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

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

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

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

(4) A licensed and board-certified physician specializing in genetics;

(5) A public health expert specializing in the impact of environmental toxins on children's health;

(6) A toxicology expert specializing in the impact of environmental toxins on children's health;

(7) A full-time member of the faculty at a university or college in the state specializing in the impact of environmental toxins on children's health;

(8) A complementary and alternative medicine or integrative therapy expert specializing in the treatment of physical, mental, emotional and behavioral health issues in children; and

(9) An educator with expertise providing school-based mental health services in collaboration with community-based mental health
199 service providers.

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

203 (d) The chairpersons of the joint standing committee of the General
204 Assembly having cognizance of matters relating to children shall serve
205 as the chairpersons of the task force. Such chairpersons shall schedule
206 the first meeting of the task force, which shall be held not later than
207 sixty days after the effective date of this section.

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

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

This act shall take effect as follows and shall amend the following
sections:

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