Senate

General Assembly

File No. 150

January Session, 2015

Substitute Senate Bill No. 841

Senate, March 23, 2015

The Committee on Children reported through SEN. BARTOLOMEO of the 13th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE IMPLEMENTATION OF A COMPREHENSIVE CHILDREN'S MENTAL, EMOTIONAL AND BEHAVIORAL HEALTH PLAN.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective July 1, 2015*) (a) There is established a Children's Mental, Emotional and Behavioral Health Plan Implementation Advisory Board that shall advise the agencies, providers of mental, emotional or behavioral health services for children and families, advocates and others interested in the well-being of children and families in the state regarding: (1) The execution of the comprehensive implementation plan developed pursuant to section 17a-22bb of the general statutes; (2) cataloging the mental, emotional and behavioral health services offered for families with children in the state by agency, service type and funding allocation to reflect capacity and utilization of services; (3) adopting standard definitions for episodes requiring care; and (4) the collaboration of such agencies, providers, advocates and other stakeholders

enumerated in said section in order to prevent or reduce the long-term negative impact of mental, emotional and behavioral health issues on children.

(b) The board shall consist of the following members:

(1) Eight appointed by the Commissioner of Children and Families, who shall represent families of children who have been diagnosed with mental, emotional or behavioral health issues;

(2) Two appointed by the Commissioner of Children and Families, who shall represent a private foundation providing mental, emotional or behavioral health care services for children and families in the state;

(3) Four appointed by the Commissioner of Children and Families, who shall be providers of mental, emotional or behavioral health care services for children in the state;

(4) Three appointed by the Commissioner of Children and Families, who shall represent private advocacy groups that provide services for children and families in the state;

(5) One appointed by the Commissioner of Children and Families, who shall represent the United Way of Connecticut 2-1-1 Infoline program;

(6) One appointed by the majority leader of the House of Representatives, who shall be a medical doctor representing the Connecticut Children's Medical Center Emergency Department;

(7) One appointed by the majority leader of the Senate, who shall be a superintendent of schools in the state;

(8) One appointed by the minority leader of the House of Representatives, who shall represent the Connecticut Behavioral Healthcare Partnership;

(9) One appointed by the minority leader of the Senate who shall represent the Connecticut Association of School-Based Health Centers;

(10) The Commissioner of Children and Families, or the commissioner's designee;

(11) The Commissioner of Developmental Services, or the commissioner's designee;

(12) The Commissioner of Social Services, or the commissioner's designee;

(13) The Commissioner of Public Health, or the commissioner's designee;

(14) The Commissioner of Mental Health and Addiction Services, or the commissioner's designee;

(15) The Commissioner of Education, or the commissioner's designee;

(16) The Commissioner of Early Childhood, or the commissioner's designee;

(17) The Insurance Commissioner, or the commissioner's designee;

(18) The executive director of the Court Support Services Division of the Judicial Branch, or the executive director's designee;

(19) The Child Advocate, or the Child Advocate's designee;

(20) The Healthcare Advocate, or the Healthcare Advocate's designee; and

(21) The executive director of the Commission on Children, or the executive director's designee.

(c) All appointments to the board shall be made not later than thirty days after the effective date of this section. All members shall serve an initial term of three years. Following the expiration of their initial terms, subsequent members appointed to the board shall serve two-year terms. Any vacancy shall be filled by the appointing authority not

later than thirty calendar days after the appointment becomes vacant. Any member previously appointed to the board may be reappointed.

(d) The Commissioner of Children and Families shall select two chairpersons of the board from among the members of the board. Such chairpersons shall schedule the first meeting of the board, which shall be held not later than sixty days after the effective date of this section. The board shall meet at least quarterly.

(e) Each member shall be entitled to one vote on the board. A majority of the board shall constitute a quorum for the transaction of any business, the exercise of any power or the performance of any duty authorized or imposed by law.

(f) Not later than September 15, 2016, and annually thereafter, the board shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to children. Such report shall detail (1) the status of the execution of the implementation plan, (2) the level of collaboration among the agencies and stakeholders involved in the execution of the implementation plan, (3) any recommendations for improvements in the execution of the implementation plan or the collaboration among such agencies and stakeholders, and (4) any additional information the board deems necessary and relevant to prevent or reduce the long-term negative impact of mental, emotional and behavioral health issues on children.

Sec. 2. Section 17a-22cc of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Office of Early Childhood, **[**as established in section 1 of substitute house bill 6359 of the January 2013, regular session,**]** in collaboration with the Department of Children and Families, 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, or a similar model, with a focus on maternal depression and its impact on child development.

Sec. 3. Section 17a-22dd of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Not later than December 1, 2014, the Office of Early Childhood, through the Early Childhood Education Cabinet, shall provide recommendations for implementing the coordination of home visitation programs within the early childhood system that offer a continuum of services to vulnerable families with young children, including prevention, early intervention and intensive intervention, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations, human services, education and children. 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 recommendations shall address, at a minimum:

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

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

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

(4) 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;

(5) Development of common outcomes;

(6) 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, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations, human services and children;

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

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

(b) The Office of Early Childhood, **[**as established in section 1 of substitute house bill 6359 of the January 2013, regular session,**]** in collaboration with the Departments of Children and Families, Education and Public Health, 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) A list of emotional landmarks and the typical ages at which such landmarks are attained;

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

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

(5) 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;

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

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

(c) Not later than October 1, 2014, and annually thereafter, to the extent that private funding is available under subsection (b) of this section, the Office of Early Childhood shall report, in accordance with the provisions of section 11-4a, 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 (b) of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*July 1, 2015*	New section
Sec. 2	*from passage*	17a-22cc
Sec. 3	*from passage*	17a-22dd

KID *Joint Favorable Subst.*

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill establishes an advisory board to make recommendations regarding the implementation of the comprehensive behavioral health plan developed under PA 13-178 and does not result in a fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis

sSB 841

AN ACT CONCERNING THE IMPLEMENTATION OF A COMPREHENSIVE CHILDREN'S MENTAL, EMOTIONAL AND BEHAVIORAL HEALTH PLAN.

SUMMARY:

This bill establishes a 34-member Children's Mental, Emotional, and Behavioral Health Plan Implementation Advisory Board. The board must advise agencies (the bill does not specify which ones); child and family mental, emotional, and behavioral health service providers; advocates; and others interested in Connecticut child and family well-being on:

1. executing the comprehensive behavioral health plan that the Department of Children and Families (DCF) developed, as required by law, in 2014 (see BACKGROUND);

2. cataloging (by agency, service type, and funding allocation) the mental, emotional, and behavioral services for Connecticut families with children to reflect the services' capacities and uses;

3. adopting standard definitions for episodes requiring care (it is unclear what this requirement means);

4. fostering collaboration of agencies, providers, advocates, and others interested in Connecticut child and family well-being to prevent or reduce the long-term negative impact of children's mental, emotional, and behavioral health issues.

By September 15, 2016, the board must begin annual reporting to the Children's Committee.

The bill also makes two technical changes.

EFFECTIVE DATE: July 1, 2015; upon passage for the technical changes.

ADVISORY BOARD

Membership

DCF Commissioner Appointees. The DCF commissioner, or her designee, must serve on the board. The commissioner must also appoint the following board members:

1. eight representatives of families with children diagnosed with mental, emotional, or behavioral health issues;

2. two representatives of a private foundation that provides child and family mental, emotional, or behavioral health services in Connecticut;

3. four children's mental, emotional, or behavioral health care service providers who practice in Connecticut;

4. three representatives of private advocacy groups that provide child and family services in Connecticut; and

5. a United Way of Connecticut 2-1-1 Infoline program representative.

Legislative Appointees. The board must include a:

1. medical doctor representing the Connecticut Children's Medical Center emergency department, appointed by the House majority leader;

2. Connecticut school superintendent, appointed by the Senate majority leader;

3. Connecticut Behavioral Health Partnership representative, appointed by the House minority leader; and

4. Connecticut Association of School-Based Health Centers

representative, appointed by the Senate minority leader.

Other Agency Representatives. The board must include the following members, or their designees:

1. the developmental services, social services, public health, mental health and addiction services, education, early childhood, and insurance commissioners;

2. the executive directors of the Judicial Branch's Court Support Services Division and the Commission on Children; and

3. the child and healthcare advocates.

Leadership and Meetings

All members must be appointed by July 31, 2015 and serve initial three-year terms. Subsequent appointees serve two year terms. Members can be reappointed. The appointing authority must fill any vacancy within 30 days. Each member is entitled to one vote. A majority of members constitutes a quorum to (1) transact business, (2) exercise power, or (3) perform any legally authorized or imposed duty.

The DCF commissioner selects two board chairpersons from among the board's members. The chairpersons must schedule the first meeting, which must be held by August 30, 2015.

REPORT

The board's annual report to the Children's Committee must include:

1. the status of the implementation plan's execution;

2. the collaboration level between agencies and stakeholders involved in its execution;

3. any recommendations for improving (a) the plan's execution or (b) agency and stakeholder collaboration; and

4. any additional information the board deems necessary and

relevant to prevent or reduce the long-term negative impact of children's mental, emotional, and behavioral health issues.

BACKGROUND

Comprehensive Behavioral Health Plan

PA 13-178 required DCF, in consultation with various entities, to develop a comprehensive implementation plan across agency and policy areas for meeting the mental, emotional, and behavioral health needs of all children in the state and preventing or reducing the long-term negative impact of children's mental, emotional, and behavioral health issues.

The plan, submitted to the Children's Committee in October 2014, includes several goals, including:

1. redesigning the publicly financed system of children's behavioral health care to direct allocation of new and existing resources;

2. implementing evidence-based promotion and universal prevention models across all age groups and settings to meet the statewide need;

3. building and adequately providing an array of behavioral health care services to meet child and family needs that is accessible to everyone and equally distributed throughout the state; and

4. including youth with behavioral health needs and their family members in the behavioral health system's governance and oversight.

COMMITTEE ACTION

Committee on Children

Joint Favorable Substitute
Yea 13 Nay 0 (03/05/2015)