



General Assembly

January Session, 2015

Raised Bill No. 841

LCO No. 3060



Referred to Committee on COMMITTEE ON CHILDREN

Introduced by:
(KID)

***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:

1 Section 1. (NEW) (*Effective July 1, 2015*) (a) There is established a
2 Children's Mental, Emotional and Behavioral Health Plan
3 Implementation Advisory Board that shall (1) execute and oversee the
4 comprehensive implementation plan developed pursuant to section
5 17a-22bb of the general statutes, (2) catalogue the mental, emotional
6 and behavioral health services offered for families with children in the
7 state by agency, service type and funding allocation to reflect capacity
8 and utilization of services, (3) adopt standard definitions for episodes
9 requiring care, and (4) ensure the collaboration of the agencies and
10 stakeholders enumerated in said section in order to prevent or reduce
11 the long-term negative impact of mental, emotional and behavioral
12 health issues on children.

13 (b) Notwithstanding the provisions of section 4-9a of the general
14 statutes, the board shall consist of the following members:

15 (1) Eight representing families of children who have been diagnosed
16 with mental, emotional or behavioral health issues;

17 (2) Two representing a private foundation providing mental,
18 emotional or behavioral health care services for children and families
19 in the state;

20 (3) Four providers of mental, emotional or behavioral health care
21 services for children in the state;

22 (4) Three representing private advocacy groups that provide
23 services for children and families in the state;

24 (5) One representing the United Way of Connecticut 2-1-1 Infoline
25 program;

26 (6) One representing the Connecticut Children's Medical Center
27 Emergency Department who shall be a medical doctor;

28 (7) One who shall be a superintendent of schools in the state;

29 (8) One representing the Connecticut Behavioral Healthcare
30 Partnership;

31 (9) One representing the Connecticut Association of School-Based
32 Health Centers;

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

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

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

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

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

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

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

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

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

51 (19) The Child Advocate of the Office of the Child Advocate, or the
52 advocate's designee; and

53 (20) The Healthcare Advocate of the Office of the Healthcare
54 Advocate, or the advocate's designee.

55 (c) The Commissioner of Children and Families shall appoint the
56 members of the board listed under subdivisions (1) to (9), inclusive, of
57 subsection (b) of this section, any of whom may be a member of the
58 General Assembly. The remaining members shall serve as ex-officio
59 members of the board.

60 (d) All appointments to the board shall be made not later than thirty
61 days after the effective date of this section. All members shall serve an
62 initial term of three years. Following the expiration of their initial
63 terms, subsequent members appointed to the board shall serve two-
64 year terms. Any vacancy shall be filled by the appointing authority not
65 later than thirty calendar days after the office becomes vacant. Any
66 member previously appointed to the board may be reappointed.

67 (e) The Commissioner of Children and Families shall select the
68 chairpersons of the board from among the members of the board. Such

69 chairpersons shall schedule the first meeting of the board, which shall
70 be held not later than sixty days after the effective date of this section.
71 The board shall meet at least monthly.

72 (f) The members shall serve without compensation but shall, within
73 available appropriations, be reimbursed in accordance with the
74 standard travel regulations for all necessary expenses that they may
75 incur through service on the board.

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

80 (h) Not later than September 15, 2016, and annually thereafter, the
81 board shall submit a report detailing (1) the status of the execution of
82 the implementation plan, (2) the level of collaboration between the
83 agencies and stakeholders involved in the execution of the
84 implementation plan, (3) any recommendations for improvements in
85 the execution of the implementation plan or the collaboration between
86 such agencies and stakeholders, and (4) any additional information
87 that the board deems necessary and relevant to prevent or reduce the
88 long-term negative impact of mental, emotional and behavioral health
89 issues on children, to the joint standing committee of the General
90 Assembly having cognizance of matters relating to children, in
91 accordance with the provisions of section 11-4a of the general statutes.

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

94 The Office of Early Childhood, [as established in section 1 of
95 substitute house bill 6359 of the January 2013, regular session*,] in
96 collaboration with the Department of Children and Families, shall
97 provide, to the extent that private, federal or philanthropic funding is
98 available, professional development training to pediatricians and child
99 care providers to help prevent and identify mental, emotional and

100 behavioral health issues in children by utilizing the Infant and Early
101 Childhood Mental Health Competencies, or a similar model, with a
102 focus on maternal depression and its impact on child development.

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

105 (a) Not later than December 1, 2014, the Office of Early Childhood,
106 through the Early Childhood Education Cabinet, shall provide
107 recommendations for implementing the coordination of home
108 visitation programs within the early childhood system that offer a
109 continuum of services to vulnerable families with young children,
110 including prevention, early intervention and intensive intervention, to
111 the joint standing committees of the General Assembly having
112 cognizance of matters relating to appropriations, human services,
113 education and children. Vulnerable families with young children may
114 include, but are not limited to, those facing poverty, trauma, violence,
115 special health care needs, mental, emotional or behavioral health care
116 needs, substance abuse challenges and teen parenthood. The
117 recommendations shall address, at a minimum:

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

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

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

124 (4) Coordinated training for home visitation and early care
125 providers, to the extent that training is currently provided, on cultural
126 competency, mental health awareness and issues such as child trauma,
127 poverty, literacy and language acquisition;

128 (5) Development of common outcomes;

129 (6) Shared reporting of outcomes, including information on any
130 existing gaps in services, disaggregated by agency and program, which
131 shall be reported annually, pursuant to section 11-4a, to the joint
132 standing committees of the General Assembly having cognizance of
133 matters relating to appropriations, human services and children;

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

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

139 (b) The Office of Early Childhood, [as established in section 1 of
140 substitute house bill 6359 of the January 2013, regular session*,] in
141 collaboration with the Departments of Children and Families,
142 Education and Public Health, to the extent that private funding is
143 available, shall design and implement a public information and
144 education campaign on children's mental, emotional and behavioral
145 health issues. Such campaign shall provide:

146 (1) Information on access to support and intervention programs
147 providing mental, emotional and behavioral health care services to
148 children;

149 (2) A list of emotional landmarks and the typical ages at which such
150 landmarks are attained;

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

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

156 (5) Information to parents regarding methods to address and cope
157 with mental, emotional and behavioral health stressors at various ages

158 of a child's development and at various stages of a parent's work and
159 family life;

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

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

163 (c) Not later than October 1, 2014, and annually thereafter, to the
164 extent that private funding is available under subsection (b) of this
165 section, the Office of Early Childhood shall report, in accordance with
166 the provisions of section 11-4a, to the joint standing committees of the
167 General Assembly having cognizance of matters relating to children
168 and public health on the status of the public information and
169 education campaign implemented pursuant to subsection (b) of this
170 section.

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

Statement of Purpose:

To establish the Children's Behavioral Health Plan Implementation Advisory Board that shall (1) execute and oversee the comprehensive implementation plan developed pursuant to section 17a-22bb, and (2) ensure the continued collaboration of agencies and stakeholders in order to prevent or reduce the long-term negative impact of mental, emotional and behavioral health issues on children.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]