



General Assembly

**Substitute Bill No. 841**

January Session, 2015



**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 advise the agencies,  
4 providers of mental, emotional or behavioral health services for  
5 children and families, advocates and others interested in the well-  
6 being of children and families in the state regarding: (1) The execution  
7 of the comprehensive implementation plan developed pursuant to  
8 section 17a-22bb of the general statutes; (2) cataloging the mental,  
9 emotional and behavioral health services offered for families with  
10 children in the state by agency, service type and funding allocation to  
11 reflect capacity and utilization of services; (3) adopting standard  
12 definitions for episodes requiring care; and (4) the collaboration of  
13 such agencies, providers, advocates and other stakeholders  
14 enumerated in said section in order to prevent or reduce the long-term  
15 negative impact of mental, emotional and behavioral health issues on  
16 children.

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

18 (1) Eight appointed by the Commissioner of Children and Families,

19 who shall represent families of children who have been diagnosed  
20 with mental, emotional or behavioral health issues;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

65 (c) All appointments to the board shall be made not later than thirty  
66 days after the effective date of this section. All members shall serve an  
67 initial term of three years. Following the expiration of their initial  
68 terms, subsequent members appointed to the board shall serve two-  
69 year terms. Any vacancy shall be filled by the appointing authority not  
70 later than thirty calendar days after the appointment becomes vacant.  
71 Any member previously appointed to the board may be reappointed.

72 (d) The Commissioner of Children and Families shall select two  
73 chairpersons of the board from among the members of the board. Such

74 chairpersons shall schedule the first meeting of the board, which shall  
75 be held not later than sixty days after the effective date of this section.  
76 The board shall meet at least quarterly.

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

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

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

95 The Office of Early Childhood, [as established in section 1 of  
96 substitute house bill 6359 of the January 2013, regular session,] in  
97 collaboration with the Department of Children and Families, shall  
98 provide, to the extent that private, federal or philanthropic funding is  
99 available, professional development training to pediatricians and child  
100 care providers to help prevent and identify mental, emotional and  
101 behavioral health issues in children by utilizing the Infant and Early  
102 Childhood Mental Health Competencies, or a similar model, with a  
103 focus on maternal depression and its impact on child development.

104 Sec. 3. Section 17a-22dd of the general statutes is repealed and the

105 following is substituted in lieu thereof (*Effective from passage*):

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

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

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

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

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

129 (5) Development of common outcomes;

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

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

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

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

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

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

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

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

157 (5) Information to parents regarding methods to address and cope  
158 with mental, emotional and behavioral health stressors at various ages  
159 of a child's development and at various stages of a parent's work and  
160 family life;

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

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

164 (c) Not later than October 1, 2014, and annually thereafter, to the  
165 extent that private funding is available under subsection (b) of this  
166 section, the Office of Early Childhood shall report, in accordance with  
167 the provisions of section 11-4a, to the joint standing committees of the  
168 General Assembly having cognizance of matters relating to children  
169 and public health on the status of the public information and  
170 education campaign implemented pursuant to subsection (b) of this  
171 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

**KID**      *Joint Favorable Subst.*

**GAE**      *Joint Favorable*