



**Substitute Senate Bill No. 925**

**Public Act No. 15-45**

**AN ACT ESTABLISHING A HOME VISITATION PROGRAM CONSORTIUM.**

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

Section 1. (NEW) (*Effective from passage*) (a) There is established a Home Visitation Program Consortium that shall advise the Office of Early Childhood, Department of Children and Families, Department of Developmental Services and the Department of Education regarding the implementation of the recommendations for the coordination of home visitation programs within the early childhood system provided to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations, human services, education and children pursuant to section 17a-22dd of the general statutes, as amended by this act.

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

(1) Four representing families who are receiving services or have received services within the last five years from one or more home visitation programs in the state;

(2) Not more than eight representing home visitation programs in the state, at least four of whom shall utilize different home visitation models;

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(3) Two representing private advocacy organizations that provide services for children and families in the state;

(4) One representing the United Way of Connecticut 2-1-1 Infoline program;

(5) One representing the birth-to-three program established under section 17a-248b of the general statutes;

(6) The director of the Connecticut Head Start State Collaboration Office, or the director's designee;

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

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

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

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

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

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

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

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

(c) The Commissioner of Early Childhood shall appoint the members of the consortium listed under subdivisions (1) to (5),

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inclusive, of subsection (b) of this section. The remaining members shall serve as ex-officio members of the consortium.

(d) All appointments to the consortium shall be made not later than thirty days after the effective date of this section. All members appointed under subdivisions (1), (3) and (5) of subsection (b) of this section shall serve an initial term of three years. All members appointed under subdivisions (2) and (4) of subsection (b) of this section shall serve an initial term of two years. Following the expiration of their initial terms, subsequent members appointed to the consortium shall serve two-year terms. Any vacancy shall be filled by the Commissioner of Early Childhood not later than thirty calendar days after the appointment becomes vacant. Any member previously appointed to the consortium may be reappointed.

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

(f) Each member shall be entitled to one vote on the consortium. A majority of the consortium 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.

(g) The staff of the Office of Early Childhood shall serve as administrative staff of the consortium.

(h) Not later than September 15, 2016, and annually thereafter, the consortium 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

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children. Such report shall include (1) the status of the implementation of the recommendations for the coordination of home visitation programs within the early childhood system provided pursuant to section 17a-22dd of the general statutes, as amended by this act, (2) the level of collaboration among home visitation programs in the state, (3) any recommendations for improvements in the collaboration among home visitation providers and other stakeholders, and (4) any additional information that the consortium deems necessary and relevant to improve the provision of home visitation services in the state.

Sec. 2. 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;

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(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;

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(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.

Sec. 3. 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

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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.

Approved June 5, 2015