

OFFICE OF LEGISLATIVE RESEARCH
PUBLIC ACT SUMMARY



PA 23-101—SB 2
Committee on Children
Appropriations Committee

**AN ACT CONCERNING THE MENTAL, PHYSICAL AND EMOTIONAL
WELLNESS OF CHILDREN**

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§ 16 — DSS HUSKY HEALTH CHILD ENROLLMENT

Requires DSS, for FY 24, to hire temporary and part-time employees to collaborate with nonprofit organizations to identify and enroll eligible children in the HUSKY Health program

§ 17 — SERVICES FOR AT-RISK TEENAGE STUDENTS

Requires SDE, for FY 24, to award a grant to, and collaborate with, a nonprofit organization specializing in identifying and providing services to certain at-risk teenage students; allows SDE, within available appropriations, to hire one full-time employee to implement the act's provisions

§ 18 — LEGAL REPRESENTATION FOR CHILDREN IN CERTAIN SUPERIOR COURT PROCEEDINGS

Requires counsel assigned or appointed by the chief public defender's office or the court to represent a child in a child abuse or neglect case in Superior Court to continue to represent the child for the duration of the court proceedings

§ 19 — STUDY OF COMMUNITY-BASED BEREAVEMENT AND GRIEF COUNSELOR ORGANIZATIONS FOR CHILDREN AND FAMILIES

Requires CWCSEO, in collaboration with the Social and Emotional Learning and School Climate Advisory Collaborative and at least one community-based bereavement and grief counseling resource center serving children and families, to study community-based bereavement and counseling resource centers serving children and families

§ 20 — PLAY-BASED LEARNING

Requires schools to provide play-based learning for kindergarten and preschool students; requires school boards to allow a teacher to use play-based learning for grades one to five; adds it to educator professional development

§ 22 — AUTISM SPECTRUM DISORDER ADVISORY COUNCIL

Allows the Autism Spectrum Disorder Advisory Council's duties to (1) identify strategies and methods of outreach and coordination of services for racial minority groups and (2) identify and recommend updates to existing state guidelines for early screening and intervention

§ 23 — SOCIAL AND EMOTIONAL LEARNING AND SCHOOL CLIMATE ADVISORY COLLABORATIVE

Requires the Social and Emotional Learning and School Climate Advisory Collaborative to include in its annual report to the Children's and Education committees recommendations on ways to promote the social and emotional development of young children

SUMMARY: This act makes various unrelated changes in laws related to children's mental, physical, and emotional wellness. A section-by-section analysis appears below.

EFFECTIVE DATE: July 1, 2023, unless stated otherwise below.

§§ 1 & 12-14 — LICENSURE OF SOCIAL WORKERS AND OTHER PROFESSIONALS

Requires DPH to hire a full-time employee by January 1, 2024, to assist in licensing clinical and master social workers; generally reduces licensing fees for social workers, marital and family therapists, and professional counselors

DPH Staffing (§ 1)

For FY 24, the act requires the Department of Public Health (DPH), by January 1, 2024, to hire a full-time employee to assist in licensing social workers.

Initial and Renewal License Fees (§§ 12-14)

The act reduces the initial licensing fees for social workers, marital and family therapists, and professional counselors as follows:

1. from \$315 to \$200 for clinical social workers,
2. from \$220 to \$125 for master social workers,
3. from \$315 to \$200 for marital and family therapists and professional counselors, and
4. from \$220 to \$125 for professional counselor associates.

The act also changes the renewal fees for these licenses as follows:

1. increases renewal fees from \$195 to \$200 for clinical social workers and professional counselors and
2. reduces renewal fees from \$195 to \$125 for master social workers and professional counselor associates.

License Renewal Frequency for Marital and Family Therapist Associates (§ 13)

Under prior law, a license issued to a marital and family therapist associate was valid for two years and could be renewed once for an additional two years. The act changes the renewal frequency of these licenses as follows:

1. a license issued before July 1, 2023, must expire on or before 24 months after the issue date and may not be renewed more than twice and
2. a license issued after July 1, 2023, may not be renewed more than three

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times for an additional year.

§ 2 — PRINCIPAL PUBLIC LIBRARY GRANTS

Prohibits any principal public library from receiving state grants if it does not maintain and adhere to certain collection policies approved by the library's governing body; requires a principal public library's collection reconsideration policy to offer residents a clear process to request a reconsideration of library materials; specifies that the reconsideration policy governs if there is a book challenge

The act prohibits any principal public library from receiving a state grant unless it maintains and adheres to collection development, collection management, and collection reconsideration policies approved by the library's governing body. The collection reconsideration policy must offer residents a clear process to request a reconsideration of library materials. The act specifies that if there is a book challenge, these policies must govern.

§§ 3-4 — PAYMENT TO BIRTH-TO-THREE PROGRAM EARLY INTERVENTION SERVICE PROVIDERS

Makes permanent the \$200 general administrative payment the OEC commissioner must make to Birth-to-Three program early intervention service providers for each child with an individualized family service plan that accounts for less than nine service hours during the billing month

The act makes permanent the \$200 general administrative payment the Office of Early Childhood (OEC) commissioner must make to certain Birth-to-Three early intervention service providers. Under prior law, this payment requirement would have sunset on June 30, 2024.

By law, the commissioner must make these payments to providers for each child (1) with an individualized family service plan on the first day of the billing month and (2) whose plan accounts for less than nine service hours during the billing month, so long as the provider delivers at least one service during the month.

§§ 5-6 — INDIVIDUALIZED FAMILY SERVICE PLANS

Requires individualized family service plans to be translated into and provided in Spanish; requires an eligible child whose primary language is Spanish to receive early intervention services from Spanish-speaking personnel and coordinators; allows the services of Spanish-speaking interpreters or translators to be used under certain circumstances

The act requires that Birth-to-Three program individualized family service plans be translated into and provided in Spanish for any family whose primary language is Spanish.

By law, eligible children in the program (see *Background — Birth-to-Three Program Eligibility*) and their families must generally receive, within set timeframes, a (1) multidisciplinary assessment, (2) written individualized family service plan, and (3) review of the plan.

The act also requires an eligible child whose primary language is Spanish to

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receive early intervention services from Spanish-speaking personnel and a Spanish-speaking service coordinator. If these individuals are not available within the statewide Birth-to-Three system to provide early intervention services, then a Spanish-speaking interpreter or translator must be used to provide the services to the child. These interpreters or translators must be reimbursed at the same rate as judicial branch court-appointed interpreters and translators.

Background — Birth-to-Three Program Eligibility

By law, an “eligible child” for the Birth-to-Three program is a child up to age 36 months who is not eligible for special education and related services and needs early intervention services because he or she is (1) experiencing a significant developmental delay as measured by standardized diagnostic instruments and procedures or (2) diagnosed with a physical or mental condition that has a high probability of resulting in a developmental delay (CGS § 17a-248(4)).

§§ 7-8 — MENTAL HEALTH WELLNESS DAY

Requires certain employers to let their service workers use accrued paid sick leave to take a mental health wellness day to attend to their emotional or psychological well-being

The act requires certain employers to let their service workers use accrued paid sick leave for a “mental health wellness day” to attend to their emotional or psychological well-being. The act applies to specified service worker occupations covered by the existing paid sick day law (e.g., certain food, health care, hospitality, retail, and sanitation industry workers employed by employers with at least 50 employees).

The law already allows these service workers to use paid sick leave for their, or their spouse’s or child’s, (1) illness, injury, or health condition; (2) medical diagnosis, care, or treatment of a physical or mental illness, injury, or health condition; or (3) preventive care.

EFFECTIVE DATE: October 1, 2023

§ 8 — ELIGIBILITY FOR PAID SICK LEAVE

Extends eligibility for paid sick leave to a service worker who is the parent or guardian of a child who is a victim of family violence or sexual assault, if the worker is not the perpetrator or alleged perpetrator of the violence or assault

The paid sick leave law requires certain employers (see §§ 7-8 above) to provide paid sick leave to a service worker who is a family violence or sexual assault victim to:

1. obtain medical care or psychological or other counseling for physical or psychological injury or disability,
2. obtain services from a victim services organization,
3. relocate due to the violence or assault, or
4. participate in a related civil or criminal legal proceeding.

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The act extends this eligibility by requiring employers to also provide it to any service worker who is the parent or guardian of a child who is a victim of family violence or sexual assault, if the service worker is not the perpetrator or alleged perpetrator of the violence or assault.

EFFECTIVE DATE: October 1, 2023

§ 9 — MEDICAID REIMBURSEMENT FOR SCHOOL-BASED MENTAL HEALTH ASSESSMENTS

Requires the DSS commissioner to (1) provide Medicaid reimbursement for certain mental health evaluations and services at school-based health centers or public schools, to the extent federal law allows; (2) amend the Medicaid state plan to do so if needed; and (3) set the reimbursement rate at a level to ensure adequate providers for these evaluations and services

The act requires the Department of Social Services (DSS) commissioner, to the extent allowed under federal law, to provide Medicaid reimbursement for suicide risk assessments and other mental health evaluations and services provided at a school-based health center or public school.

Under the act, the commissioner must also (1) amend the Medicaid state plan if necessary to provide the reimbursement and (2) set the reimbursement at a level that ensures an adequate pool of providers for the assessments, evaluations, and services.

§§ 10-11 & 21 — OFFICE OF THE BEHAVIORAL HEALTH ADVOCATE AND ADVISORY COMMITTEE

Establishes the (1) Office of the Behavioral Health Advocate to advocate for and assist behavioral and mental health care providers and (2) Behavioral Health Advocate Advisory Committee to review and assess the office's performance

Office Purpose and Staffing

The act establishes the Office of the Behavioral Health Advocate to advocate for and assist behavioral health providers. The advocate must be a Connecticut elector who is appointed by the governor and approved by the General Assembly. The advocate must have expertise and experience in mental or behavioral health care, health insurance, and advocacy for parity in mental and behavioral health access and outcomes. The act places the office within the Insurance Department for administrative purposes only and under the Behavioral Health Advocate's direction. The office must be staffed sufficiently as its resources and requirements allow, including at least one attorney and one patient caregiver.

Behavioral Health Advocate Appointment and Confirmation

The act requires the governor to make the initial appointment of the Behavioral Health Advocate from a list of candidates prepared and submitted to him by the Behavioral Health Advocate Advisory Committee by February 1, 2024. (The act establishes the advisory committee; see below for its membership and

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appointments.) The governor must notify the advisory committee (1) within 90 days before the incumbent Behavioral Health Advocate's term expires or (2) immediately if a vacancy occurs.

The advisory committee must meet to consider qualified candidates and, within 60 days after receiving the notice from the governor, submit a list of up to five candidates, ranked in order of preference, to be considered for the position.

Within 60 days after receiving the list from the committee, the governor must designate one candidate from the list for the Behavioral Health Advocate position. If a candidate withdraws from consideration after the list is submitted to the governor, the governor must designate a candidate from those remaining on the list. If the governor fails to designate a candidate within 60 days after receiving the list, the advisory committee must refer the candidate on the list with the highest ranking to the General Assembly for confirmation.

If the General Assembly is not in session when the governor designates a candidate to serve as advocate, the candidate serves as the acting advocate until the General Assembly meets and confirms the person. The acting advocate is entitled to compensation and has all the powers, duties, and privileges of the advocate.

Under the act, the advocate serves a four-year term that excludes any time he or she served as acting advocate. The governor may reappoint the advocate, or the advocate must remain in the position until a successor is confirmed.

In the case of a vacancy, the office's most senior attorney serves as the acting advocate until the vacancy is filled.

Office Powers

Under the act, the office may do the following:

1. assist state-licensed, -certified, or -registered mental and behavioral health care providers with receiving payments for claims submitted to health carriers (i.e., insurers and HMOs) for services provided to covered patients;
2. help state residents access mental and behavioral health care and related resources;
3. provide information to the public, agencies, legislators, and others on mental and behavioral health care providers' and patients' problems and concerns and make recommendations to resolve them;
4. analyze and monitor the development and implementation of federal, state, and local laws, regulations, and policies on mental and behavioral health care providers and recommend changes as necessary;
5. facilitate public comment by mental and behavioral health care providers and patients on laws, regulations, and policies, including health carrier policies and actions;
6. coordinate services with the Office of the Healthcare Advocate (OHA) to help people obtain access to, and coverage for, mental and behavioral health care services to fulfill OHA's duties;
7. ensure that mental and behavioral health care providers and patients have timely access to the office's services;
8. establish a toll-free number, or other free calling option, that allows access

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- to the office's services;
9. pursue administrative remedies on behalf of, and with the consent of, mental and behavioral health care providers and patients;
 10. adopt regulations to implement the act's provisions; and
 11. take any other actions needed to fulfill the office's purposes.

Referrals to the Insurance Department

The act requires the Office of the Behavioral Advocate to make a referral to the insurance commissioner if it finds that a health carrier may have engaged in a pattern or practice that violates any of the following insurance laws:

1. compliance with federal Health Insurance Portability and Accountability Act provisions on guaranteed renewability and certification of insurance coverage; or
2. state coverage requirements for individual policies on autism spectrum disorder therapies, diagnosing and treating mental or nervous conditions, court-ordered substance abuse services, mental health and substance use disorder benefits, mental health wellness examinations, Collaborative Care Model services, acute inpatient psychiatric services, and continued coverage for children with a mental or physical handicap.

Requests for Information

The act requires all state agencies to comply with the office's reasonable requests for information and help in performing its duties.

Reporting Requirements

The act requires the Behavioral Health Advocate, starting by January 1, 2024, to report annually to the Children's, Insurance, Public Health, and Real Estate committees on the office's activities, including the following:

1. the subject matter, disposition, and number of claims the advocate processed on behalf of mental and behavioral health care providers and patients;
2. common problems and concerns the advocate discerned from mental and behavioral health care providers, patients, or other relevant sources; and
3. the need, if any, for administrative, legislative, or executive remedies to assist mental and behavioral health care providers or patients.

Behavioral Health Advocate Advisory Committee (§ 21)

The act creates the Behavioral Health Advocate Advisory Committee and requires it to meet four times a year with the Office of the Behavioral Health Advocate to review and assess the office's performance.

The advisory committee members must be appointed one each by the governor and the six leaders of the General Assembly by October 1, 2023. Each advisory

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committee member serves a five-year term and may be reappointed.

Starting by January 1, 2025, the advisory committee must annually (1) evaluate the office's effectiveness and (2) submit the evaluation to the governor and the Insurance and Public Health committees.

§ 15 — TASK FORCE TO STUDY CHILDREN'S NEEDS

Expands the duties of the Task Force to Study Children's Needs to include (1) reviewing and analyzing certain programs that received pandemic-related federal funding, (2) making recommendations on which programs should receive a more permanent funding structure and (3) conducting a needs assessment focused on children and individuals who were enrolled in a Connecticut high school and a member of a graduating class from 2020-2023

The act expands the duties of the Task Force to Study Children's Needs (see *Background — Task Force to Study Children's Needs*) to include reviewing and analyzing the efficacy of programs designed to assist and support the needs of children and families that have spent funds they received under the federal Coronavirus Aid, Relief, and Economic Security Act (P.L. 116-136); Coronavirus Response and Relief Supplemental Appropriations Act (P.L. 116-260); and American Rescue Plan Act of 2021 (P.L. 117-2).

Based on the analysis, the act requires the task force to make recommendations on which programs should receive a more permanent funding structure from the state.

The act also requires the task force to conduct a needs assessment for children that identifies (1) gaps between existing conditions and desired outcomes and (2) the extent to which gaps are attributable to the COVID-19 pandemic. This assessment must focus on children and individuals who were enrolled in Connecticut high schools and were members of any of the graduating classes from 2020 through 2023.

By law, the task force must also, among other things, (1) recommend new programs or changes to programs run by educators or local or state agencies to better address children's needs; (2) identify and advocate for funds and other resources to meet children's needs in the state; and (3) study the feasibility of adjusting school start times to improve students' mental and physical well-being.

EFFECTIVE DATE: Upon passage

Background — Task Force to Study Children's Needs

PA 21-46 established a task force to study the comprehensive needs of children in the state and the extent to which these needs are being met by educators, community members, and local and state agencies. The task force originally terminated on January 1, 2022, but was reconvened by PA 22-81. It must submit its findings and recommendations to the Children's Committee by January 1, 2024, and it terminates on that date or when it submits the report, whichever is later.

§ 16 — DSS HUSKY HEALTH CHILD ENROLLMENT

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Requires DSS, for FY 24, to hire temporary and part-time employees to collaborate with nonprofit organizations to identify and enroll eligible children in the HUSKY Health program

The act requires DSS, for FY 24, to hire temporary and part-time employees responsible for collaborating with nonprofit organizations to identify and enroll eligible children in the HUSKY Health program.

§ 17 — SERVICES FOR AT-RISK TEENAGE STUDENTS

Requires SDE, for FY 24, to award a grant to, and collaborate with, a nonprofit organization specializing in identifying and providing services to certain at-risk teenage students; allows SDE, within available appropriations, to hire one full-time employee to implement the act's provisions

For FY 24, the act requires the State Department of Education (SDE) to award a grant to, and collaborate with, a nonprofit organization specializing in identifying and providing services for at-risk teenage students with depression, anxiety, substance abuse struggles, and trauma and conflict-related stresses. The organization must use the grant to train school behavioral health providers to provide services to these students.

The act allows SDE, within available appropriations, to hire one full-time employee responsible for implementing the act's provisions.

§ 18 — LEGAL REPRESENTATION FOR CHILDREN IN CERTAIN SUPERIOR COURT PROCEEDINGS

Requires counsel assigned or appointed by the chief public defender's office or the court to represent a child in a child abuse or neglect case in Superior Court to continue to represent the child for the duration of the court proceedings

By law, in child abuse or neglect cases in Superior Court, the chief public defender's office must assign counsel to represent the child and act solely as the child's attorney. If there is an immediate need for the appointment during a court proceeding, the court must appoint such counsel.

The act requires the child's appointed or assigned counsel, whichever the case may be, to continue representing the child for the duration of the court proceedings.
EFFECTIVE DATE: October 1, 2023

§ 19 — STUDY OF COMMUNITY-BASED BEREAVEMENT AND GRIEF COUNSELOR ORGANIZATIONS FOR CHILDREN AND FAMILIES

Requires CWCSEO, in collaboration with the Social and Emotional Learning and School Climate Advisory Collaborative and at least one community-based bereavement and grief counseling resource center serving children and families, to study community-based bereavement and counseling resource centers serving children and families

The act requires the Commission on Women, Children, Seniors, Equity, and Opportunity (CWCSEO) to conduct a study of community-based bereavement and grief counseling organizations and services for children and families to determine

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the following:

1. the extent and availability of these organizations and services statewide and
2. the feasibility of, and recommendations for, implementing a statewide program to deliver these services at no cost to participants.

The commission must do so in collaboration with the Social and Emotional Learning and School Climate Advisory Collaborative and at least one community-based bereavement and grief counseling resource center serving children and families.

The recommendations must include (1) the types of services the program should provide; (2) eligibility criteria for children and families to access these services; (3) the optimal geographic distribution of the services; and (4) opportunities to fund these programs in whole or in part with gifts, grants, or donations from private services and any available federal funding.

The act requires the commission, by January 1, 2024, to give the Children's Committee a report that includes the study's findings and any legislative recommendations for implementing a statewide program.

EFFECTIVE DATE: Upon passage

§ 20 — PLAY-BASED LEARNING

Requires schools to provide play-based learning for kindergarten and preschool students; requires school boards to allow a teacher to use play-based learning for grades one to five; adds it to educator professional development

The act requires each school board to provide play-based learning during the instructional time of each regular school day for students in kindergarten and preschool. This learning must (1) be incorporated and integrated into daily practice; (2) allow for the students' needs to be met through free play, guided play, and games; and (3) predominantly not involve using mobile electronic devices.

The act also requires each school board to allow a teacher to use play-based learning during the instructional time of a regular school day for students in grades one to five, inclusive. This learning may be incorporated and integrated into daily practice, and, as with kindergarten and preschool, must (1) allow for the students' needs to be met through free play, guided play, and games and (2) predominantly not involve using mobile electronic devices.

Under the act, "play-based learning" is a pedagogical approach that emphasizes play in promoting learning and includes developmentally appropriate strategies that can be integrated with existing learning standards. It is not time spent in recess or as part of a physical education course or instruction.

The act requires that any play-based learning comply with a student's individualized education program under special education law or an accommodation plan under Section 504 of the federal Rehabilitation Act of 1973.

Under the act, a school employee may only prevent or otherwise restrict a student's participation in play-based learning if it follows the school board's policy on recess restrictions as a form of discipline.

EFFECTIVE DATE: July 1, 2024

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Background — Related Act

PA 23-159, §§ 4 & 5, contains identical provisions on play-based learning.

§ 22 — AUTISM SPECTRUM DISORDER ADVISORY COUNCIL

Allows the Autism Spectrum Disorder Advisory Council's duties to (1) identify strategies and methods of outreach and coordination of services for racial minority groups and (2) identify and recommend updates to existing state guidelines for early screening and intervention

The law requires the Autism Spectrum Disorder Advisory Council to advise the DSS commissioner on all matters relating to autism. Additionally, the council may recommend policy and program changes to the commissioner to improve support services for people with autism spectrum disorder. The act further allows the council to also do the following:

1. identify strategies and methods of improving outreach and coordination of services associated with autism spectrum disorders for racial minority group members and
2. identify and recommend updates to existing state guidelines for early screening and intervention for autism spectrum disorders, including revising best practice protocols to include developmental screening for children under age three.

§ 23 — SOCIAL AND EMOTIONAL LEARNING AND SCHOOL CLIMATE ADVISORY COLLABORATIVE

Requires the Social and Emotional Learning and School Climate Advisory Collaborative to include in its annual report to the Children's and Education committees recommendations on ways to promote the social and emotional development of young children

By law, the Social and Emotional Learning and School Climate Advisory Collaborative must annually report to the Children's and Education committees on its efforts and recommendations to:

1. monitor the school climate improvement efforts of the boards of education,
2. document needs for technical assistance and training to foster positive school climates,
3. identify best practices for promoting positive school climates, and
4. direct resources to support statewide and local initiatives on fostering and improving positive school climates and improving access to social and emotional learning.

The act requires the collaborative to also include in this report any recommendations on ways to promote the social and emotional development of young children, ages birth to five, covered under the state Medicaid program by identifying age-appropriate methods of screening, assessment, diagnosis, treatment, and more.

By law, the collaborative is tasked with, among other things, (1) collecting information on school climate improvement efforts of local and regional boards of

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education and (2) identifying best practices to promote positive school climates.