



General Assembly

***Raised Bill No. 841***

*January Session, 2015*

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:

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 (1) execute and oversee the comprehensive implementation plan developed pursuant to section 17a-22bb of the general statutes, (2) catalogue 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) adopt standard definitions for episodes requiring care, and (4) ensure the collaboration of the agencies and 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) Notwithstanding the provisions of section 4-9a of the general statutes, the board shall consist of the following members:

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

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

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

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

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

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

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

(8) One representing the Connecticut Behavioral Healthcare Partnership;

(9) One representing 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 Commissioner of Insurance, 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 of the Office of the Child Advocate, or the advocate's designee; and

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

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

(d) 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 office becomes vacant. Any member previously appointed to the board may be reappointed.

(e) The Commissioner of Children and Families shall select the 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 monthly.

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

(g) 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.

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

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	<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.]*