

# **Public Act No. 13-178: AN ACT CONCERNING THE MENTAL, EMOTIONAL AND BEHAVIORAL HEALTH OF YOUTHS.**

## **Overview of DCF Responsibilities**

### **PLANNING**

The Commissioner of Children and Families, in consultation with

- representatives of the children and families served by the department,
- providers of mental, emotional or behavioral health services for children and families,
- advocates, and
- others interested in the well-being of children and families in this state,

**shall develop a comprehensive implementation plan**, across agency and policy areas, for meeting the

- mental,
- emotional and
- behavioral health needs
- **of all children in the state**, and
- preventing or reducing the long-term negative impact of mental, emotional and behavioral health issues on children.

In developing the implementation plan, the department shall include, at a minimum, the following strategies to prevent or reduce the long-term negative impact of mental, emotional and behavioral health issues on children:

(A) Employing prevention-focused techniques, with an emphasis on early identification and intervention;

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Connection to strategic plan

Connection to JJ plan

Relevant literature and research

Population level data available

(B) Ensuring access to developmentally-appropriate services;

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(C) Offering comprehensive care within a continuum of services;

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(D) Engaging communities, families and youths in the planning, delivery and evaluation of mental, emotional and behavioral health care services;

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(E) Being sensitive to diversity by reflecting awareness of race, culture, religion, language and ability;

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(F) Establishing results-based accountability measures to track progress towards the goals and objectives outlined in this section and sections 2 to 7, inclusive, of this act;

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(G) Applying data-informed quality assurance strategies to address mental, emotional and behavioral health issues in children;

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(H) Improving the integration of school and community-based mental health services;

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(I) Enhancing early interventions, consumer input and public information and accountability by (i) in collaboration with the Department of Public Health, increasing family and youth engagement in medical homes;

(ii) in collaboration with the Department of Social Services, increasing awareness of the 2-1-1 Infoline program; and

(iii) in collaboration with each program that addresses the mental, emotional or behavioral health of children within the state, insofar as they receive public funds from the state, increasing the collection of data on the results of each program, including information on issues related to response times for treatment, provider availability and access to treatment options.

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## **REPORTING**

By April 15, 2014: the commissioner shall submit and present a status report on the progress of the implementation plan, in accordance with section 11-4a of the general statutes, to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to children and appropriations.

By October 1, 2014: the commissioner shall submit and present the implementation plan, in accordance with section 11-4a of the general statutes, to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to children and appropriations.

On or before October 1, 2015, and biennially thereafter through and including 2019, the department shall submit and present progress reports on the status of implementation, and any data-driven recommendations to alter or augment the implementation

## **TRAINING**

The Department of Children and Families, in collaboration with agencies that provide training for mental health care providers in urban, suburban and rural areas, shall provide phased-in, ongoing training for mental health care providers in evidence-based and trauma-informed interventions and practices.

The Office of Early Childhood, 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.

## **COLLABORATION**

The state shall seek existing public or private reimbursement for

- (1) mental, emotional and behavioral health care services delivered in the home and in elementary and secondary schools, and
- (2) mental, emotional and behavioral health care services offered through the Department of Social Services pursuant to the federal Early and Periodic Screening, Diagnosis and Treatment Program under 42 USC 1396d.

The Office of Early Childhood, 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.

Sec. 7. (NEW) (*Effective October 1, 2013*) (a) The Judicial Branch, in collaboration with the **Departments of Children and Families** and Correction, may seek public or private funding to perform a study

- (1) disaggregated by race, to determine whether children and young adults whose primary need is mental health intervention are placed into the juvenile justice or correctional systems rather than receiving treatment for their mental health issues;
- (2) to determine the consequences that result from inappropriate referrals to the juvenile justice or correctional systems, including the impact of such consequences on the mental, emotional and behavioral health of children and young adults and the cost to the state;
- (3) to determine the programs that would reduce inappropriate referrals; and
- (4) to make recommendations to ensure proper treatment is available for children suffering from mental, emotional or behavioral health issues.