



Bipartisan Task Force on Gun Violence Prevention and Children's Safety



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Summary of Mental Health Provisions

With regard to mental health, the proposal focuses on helping individuals and their families overcome obstacles to accessing treatment and support.

- Requires DMHAS, in consultation with SDE, to administer a mental health first aid training program that teaches people to recognize the signs of mental disorders in children and young adults and connect them with services. Also allows boards of education to require teachers and other school employees to participate in mental health first aid training.
- Allows boards of education to offer mental health first aid as an in-service training.
- Requires the Commissioner of Education to consider whether mental health first aid training should be included in the teacher preparation program leading to certification.
- Creates a task force to conduct a comprehensive study of Connecticut's mental health system, with a special focus on the vulnerable 16-25 year old population. Research topics will include: early intervention, gaps in insurance coverage, the mental health workforce, outpatient commitment, mental health professionals' reporting responsibilities, services provided in the schools and stigma. Task force will report by 2/1/14.
- Expands DMHAS's Assertive Community Treatment (ACT) program to three additional locations. ACT teams are currently operating in three cities and provide recovery-oriented treatment and support services through a mobile, multi-disciplinary team.
- Adds additional slots for case management and coordination to assist people with mental illness who are involved with the probate system. (The Melissa's Project currently provides these services in some probate courts.)
- Establishes the ACCESS-MH program, modeled after the Massachusetts Child Psychiatry Access Project and similar programs in 26 other states. This program will provide training, support, and professional consultations for pediatricians to help them intervene with children who have mental health conditions.

In addition, the bill contains several changes to commercial insurance based on the recommendations of the Program Review and Investigations Committee and bills from the PRI and Insurance Committees:

- Requires Insurance Department to evaluate and report on its method for determining compliance with the state and federal mental health parity laws.
- Requires that certain mental health and substance abuse services be considered "urgent care" requests and shortens the review time for these requests from 72 to 24 hours.
- Institutes a more robust definition of "clinical peer" with regard to the review of mental health and substance abuse services, to ensure that the health professional reviewing the claim has similar qualifications to the mental health professional who prescribed the treatment.
- Designates disorder treatment criteria for mental health and substance use, so that coverage decisions are more consistent from carrier to carrier and consumers are given a clear reason for a denial.
- Requires insurers to inform consumers that they have the right to appeal a denial, they can request additional information, and they can contact the Office of the Healthcare Advocate for assistance.