MISSISSIPPI LEGISLATURE REGULAR SESSION 2021

By: Representative Rosebud

To: Public Health and Human Services; Education

HOUSE BILL NO. 522

AN ACT TO CREATE THE MISSISSIPPI CHILDREN'S ASSESSMENT AND MENTAL HEALTH EVALUATION OPPORTUNITY (CAMHEO) ACT OF 2021, FOR THE PURPOSE OF PROVIDING MENTAL HEALTH ASSESSMENTS AND SCREENINGS TO PUBLIC SCHOOL STUDENTS IN KINDERGARTEN THROUGH GRADE 12; TO PROVIDE LEGISLATIVE FINDINGS; TO REQUIRE THE STATE BOARD OF EDUCATION AND THE MISSISSIPPI DEPARTMENT OF MENTAL HEALTH TO DEVELOP THE FRAMEWORK AND GUIDELINES FOR USE BY PUBLIC SCHOOLS IN PROVIDING COMPREHENSIVE, COORDINATED MENTAL HEALTH PREVENTION, SCREENINGS AND ASSESSMENTS, EARLY INTERVENTION AND TREATMENT SERVICES FOR PUBLIC SCHOOL STUDENTS; TO PRESCRIBE THE MINIMUM REQUIREMENTS FOR THE FRAMEWORK AND GUIDELINES; TO CREATE THE CHILDREN'S MENTAL HEALTH PARTNERSHIP, WHICH SHALL BE RESPONSIBLE FOR DEVELOPING THE ASSESSMENTS AND SCREENERS TO BE USED BY CERTIFIED SCHOOL EMPLOYEES TO DETECT ANY MENTAL HEALTH DEFICIENCIES IN STUDENTS; TO PRESCRIBE THE COMPOSITION OF THE PARTNERSHIP; TO REQUIRE THE STATE BOARD OF EDUCATION, BEFORE THE BEGINNING OF THE 2022-2023 SCHOOL YEAR, TO DEVELOP AND IMPLEMENT A POLICY REQUIRING ALL PUBLIC SCHOOL DISTRICTS TO PROVIDE MENTAL HEALTH SCREENINGS AND ASSESSMENTS TO STUDENTS IN KINDERGARTEN THROUGH GRADE 12, WHO EXHIBIT SIGNS OF MENTAL DISTRESS AND INCAPACITY; TO PRESCRIBE THE MINIMUM REQUIREMENTS OF THE POLICY CONTENT; TO REQUIRE EVERY PUBLIC SCHOOL DISTRICT TO DEVELOP A POLICY FOR INCORPORATING SOCIAL AND EMOTIONAL DEVELOPMENT INTO THE DISTRICT'S EDUCATIONAL PROGRAM BEFORE THE BEGINNING OF THE 2022-2023 SCHOOL YEAR; AND FOR RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

SECTION 1. This act shall be known and may be cited as the Mississippi Children's Assessment and Mental Health Evaluation Opportunity (CAMHEO) Act of 2021.

SECTION 2. Legislative Findings. (1) Statistics demonstrate that one (1) in ten (10) children suffer from mental illness; however, less than one (1) in five (5) of these children receive the treatment they need. Mental illness in children often remains undiscovered for far too long. Fewer than one-half (1/2) of children and adolescents receive psychiatric surveillance and various estimates suggest that between one-third (1/3) and one-fifth (1/5) of mental illnesses in children remain undetected. This occurs not only because of lack of surveillance but also because many families lack the resources or ability to discover these illnesses. Even if a child's symptoms of mental illness are noticeable, it is possible that there will be no one in this child's life with the capacity or desire to recognize the issue.

(2) Mental health problems in children can range from very mild to extremely severe. There are certain signs that indicate that a child may need professional help to resolve mental health problems. In children, these signs are sometimes difficult to recognize, as they may be typical of a child's behavior. While some of the symptoms may be mild, other symptoms, such as persistent disobedience or temper tantrums, may be signs of a disorder that requires professional help. In addition, the combination of certain symptoms can create a serious concern. While stress and anxiety alone may be a common symptom in children, these symptoms combined with loneliness, rejection, depression and thoughts of hurting others could create a serious

potential for dangerous behavior and violence. Certain symptoms are rare but extremely worrisome, such as social withdrawal, signs of self-destructive behavior (such as head-banging) and repeated thoughts of death.

(3) (a) General symptoms indicating that a child may be suffering from mental illness include:

(i) Changes in school performance;

(ii) Drug abuse;

(iii) Inability to cope;

(iv) Changes in sleeping;

(v) Defying authority;

(vi) Frequent outbursts of anger; and

(vii) Hyperactivity.

(b) Serious symptoms demonstrated by adults with severe mental diseases or defects can also appear in children, including:

(i) Hearing voices;

(ii) Hallucinating; and

(iii) Aggressive behavior.

(c) Some symptoms may be severe enough to require immediate hospitalization.

(4) Other indicators may demonstrate an increased risk for mental illness in children. Research shows that children raised by parents with mental illness are more likely to develop mental health issues. Additionally, the Adverse Childhood Experiences (ACE) Study found that certain ACEs such as childhood abuse,

neglect, and growing up in a seriously dysfunctional household may increase the potential for a child to exhibit "social, emotional, and cognitive impairments" that may result in unhealthy behaviors such as violence.

(5) Most mental illnesses can be diagnosed or recognized during childhood. One-half (1/2) of all lifetime cases of mental illness are recognizable by age fourteen (14) and three-quarters (3/4) by age twenty-four (24). Children can suffer from many different mental illnesses including:

(a) Anxiety;

(b) Disruptive behavior;

(c) Pervasive development;

(d) Eating disorders;

(e) Elimination disorders;

(f) Affective disorders;

(g) Schizophrenic disorders; and

(h) Tic disorders.

Although advancements have been made over the past few decades to further our understanding of children's mental health, statistics indicating the extremely low rate of detection of these illnesses illustrate that the public's mental health education is far from sufficient.

SECTION 3. (1) The State Board of Education and the Mississippi Department of Mental Health shall develop the framework and guidelines to be used by public schools to provide

comprehensive, coordinated mental health prevention, screenings and assessments, early intervention and treatment services for children in kindergarten through Grade 12. The framework and guidelines shall include but not be limited to:

(a) Coordinated provider services and interagency referral networks for children in kindergarten through Grade 12 to maximize resources and minimize duplication of services;

(b) Guidelines for incorporating social and emotional development into school learning standards and educational programs, pursuant to Section 4 of this act;

(c) Protocols for implementing screening and assessment of compulsory-school-age children prior to any admission to an inpatient hospital for psychiatric services;

(d) Recommendations regarding budgetary expenses for children's mental health prevention, screenings and assessments, early intervention and treatment across all school districts;

(e) Recommendations for state and local mechanisms for integrating federal, state and local funding sources for children's mental health;

(f) Building a qualified and adequately trained workforce prepared to provide mental health services for children in kindergarten through Grade 12 and their families;

(g) The facilitation of research on best practices and model programs, and dissemination of this information to

Mississippi policymakers, practitioners, and the general public through training, technical assistance and educational materials;

(h) A comprehensive, multi-faceted public awareness campaign to reduce the stigma of mental illness and educate families, the general public and other key audiences about the benefits of children's social and emotional development, and how to access services; and

(i) The creation of a quality-driven children's mental health system with shared accountability among key state agencies and programs that conducts ongoing needs assessments, uses outcome indicators and benchmarks to measure progress and implements quality data tracking and reporting systems.

(2) (a) The Children's Mental Health Partnership, hereinafter referred to as "the partnership," is created. The partnership shall have the responsibility of developing the assessments and screeners to be used by certified school employees to detect any mental health deficiencies in students and to make any recommendation for the provision of care or educational services to ensure the overall health, safety, well-being and academic success.

(b) The partnership shall be comprised of the following members:

(i) The Executive Director of the Department of Human Services, or his or her designee;

(ii) The Executive Director of the Department of Child Protection Services, or his or her designee;

(iii) The State Superintendent of Education, or his or her designee;

(iv) The Executive Director of the Mississippi Departments of Mental Health, or his or her designee;

(v) The Commissioner of the Department of Corrections, or his or her designee;

(vi) Three (3) Mental Health Court judges, to be appointed by the Governor, one (1) of whom shall represent each Mississippi Supreme Court District, or their designees;

(vii) Three (3) Youth Court judges, to be appointed by the Governor, one (1) of whom shall represent each Mississippi Supreme Court District, or their designees;

(viii) The Attorney General, or his or her designee; and

(ix) Four representatives of community mental health agencies, which shall represent the four (4) Mississippi Congressional Districts, two (2) of whom shall be appointed by the Lieutenant Governor, and two (2) of whom shall be appointed by the Speaker of the House.

(c) Appointed members of the partnership shall be appointed by the appointing authority prescribed in paragraph (b) of this subsection within thirty (30) days of the effective date of this act. The partnership shall hold its first meeting no

later than September 1, 2021, upon the call of the Governor. The partnership, which shall serve without state funded compensation for the performance of their duties as members of the partnership, shall elect among its members, officers to serve as chairman, vice chairman and secretary at its first meeting. A quorum of the partnership shall be eight (8) members. Any vacancy in the partnership shall be filled by the appointing authority.

(d) The partnership shall submit a preliminary policy plan to Legislature by January 1, 2022, and shall submit the final policy plan to the State Board of Education on June 30, 2022. Thereafter, the partnership shall submit an annual report to the Legislature on the progress of implementation of the statewide public school mental health assessment and screening program, and and recommendations for revisions of the policy.

SECTION 4. (1) Before the beginning of the 2022-2023 school year, the State Board of Education shall develop and implement a policy requiring all public school districts to provide mental health screenings and assessments to students in kindergarten through Grade 12, who exhibit signs of mental distress and incapacity. At a minimum, the policy must:

(a) Require each student to receive a periodic mental health screening upon the recommendation of the parents, teachers, other school staff, upon other necessity, or upon request by the student, which must be conducted by a mental health professional employed by the school district, unless the parents express a

desire to see and pay for a private medical or clinical expert, licensed within the state of Mississippi, and for which a bona fide verification of the visit is provided;

(b) Provide for improved accessibility to mental health services for students, which would include a proposal for the school to employ more school psychologists, and the opportunity for all students to obtain mental health care, including "open hours," to allow students the ability to visit a mental health professional on school premises of their own accord;

(c) Require that teachers and other education staff be properly educated and trained on early identification of mental illness, including how to recognize the symptoms and signs of mental illness, as well as the proper steps to take after a mental illness is suspected. The required training shall also educate school and district personnel on the proper steps that should be taken if any personnel member suspects a mental illness is present; and

(d) Require a component of mental health education be included in the school curriculum for students in Grade 5 for the purpose of enhancing and measuring children's school readiness and ability to achieve academic success that would include:

(i) Descriptions of the stages of mental and emotional development in children;

(ii) How to identify symptoms of mental illness;

(iii) Methods of treatment; and

(iv) Ways to manage mental illness.

(2) Before the beginning of the 2022-2023 school year, every public school district shall develop a policy for incorporating social and emotional development into the district's educational program. The policy shall address teaching and assessing social and emotional skills and protocols for responding to children with social, emotional or mental health problems, or a combination of such problems, that impact learning ability.

SECTION 5. This act shall take effect and be in force from and after its passage.