

OFFICE OF FISCAL ANALYSIS

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sHB-5001

AN ACT CONCERNING CHILDREN'S MENTAL HEALTH.

OFA Fiscal Note

State Impact: See Below

Municipal Impact: See Below

Explanation

Section 5 requires the Department of Public Health (DPH) to establish a Mental Health Care Provider Examination Preparation Grant Program to provide grants to social workers and marital and family therapists who are applying for licensure as a clinical or master social worker. This will result in a significant cost to DPH. DPH has issued licenses to a total of over 1,100 clinical or master social workers and marital and family therapists. Online preparatory course costs can range from \$250 - \$400 per person. As an example, a high-end estimate of costs could be \$440,000 (\$400 prep course fee x 1,100). DPH would also need to hire a Fiscal Administrative Officer at a cost of approximately \$78,0000 to handle this provision's requirements.

Section 6 requires DPH, within available appropriations, and in consultation with the Department of Children and Families (DCF), to establish a scholarship program for licensure applicants in professions that serve children's mental and behavioral health needs in Connecticut. It allows the department to accept private donations for the program. Under the bill, the program must provide need-based scholarships to DPH licensure applicants in professions that serve children's mental and behavioral health needs. The scholarship amount cannot exceed the combined cost of application and licensure fees. DPH would require a Fiscal Administrative Officer at a cost of approximately \$78,0000 to

manage the scholarship program.

It is not known how many people would be eligible for this scholarship program. It is estimated that over 15,000 licenses were issued to professionals who serve the mental or behavioral health of children in 2021. The scholarship amount for licensure applicants is estimated at \$200. For illustrative purposes, for every 100 licensure applicants who meet the bill's eligibility requirements, it is estimated the scholarship program would cost \$20,000.

Section 8 is estimated to cost DCF \$75,000 to expand the existing Mobile Crisis data repository to include an interactive component to allow Mobile Crisis providers access to performance dashboards, utilizations, and statistical trends. This cost would be annual to cover training and on-going system maintenance.

Section 9 establishes a pilot program in Waterbury that allows a hospital to administer a partial hospitalization program and an intensive outpatient program for adolescents with mental or behavioral health issues. There would be significant costs if DCF is responsible for this pilot program

Section 10 expands DCF's regional behavior health consultation and care coordination program to provide certain services to primary care providers who serve children. Expanding this program is estimated to cost DCF over \$650,000 annually based on a three-year average of the number of physician consultation calls received by the current program.

Section 18 requires the Office of the Healthcare Advocate (OHA) to designate an OHA employee to perform certain functions and has no fiscal impact.

Section 23 requires that regionally specific behavioral health service resource guides to be provided in four languages. This will result in a cost to DCF of approximately \$50,000 in the first year and \$20,000 annually thereafter associated with translation services.

Sections 30 - 32 and 35 make various changes to the Department of

Emergency Services and Public Protection emergency telecommunications plans and expand the size of certain commissions and advisory boards resulting in no fiscal impact to the state.

Section 33 establishes the 9-8-8 Suicide Prevention and Mental Health Crisis Lifeline Fund to be administered by the Department of Mental Health and Addiction Services (DMHAS) to support suicide prevention services provided through the National Suicide Prevention Lifeline. The fund will be partially supported by a monthly fee assessed by the Public Utilities Regulatory Authority (PURA) by 6/1/23, and annually thereafter, up to seventy-five cents per month per access line. The bill requires PURA to establish the new monthly assessment on subscribers of local telephone, cellphone, and voice over internet protocol (VOIP; e.g., Skype). This new monthly fee could result in a minimal cost to state agencies and municipalities as local phone ratepayers to the extent PURA approves the assessment to be charged on these government agencies.

Section 34 also creates an assessment on private-third party customers who buy prepaid wireless cell phone services through a per-transaction assessment. This is anticipated to result in a revenue gain to the newly established account to be used by DMHAS for suicide prevention services.

Section 37 results in a cost to DMHAS associated with establishing a grant program to assist families with the cost of obtaining certain drugs, treatments, and intensive evidence-based or other intensive services not covered by insurance or Medicaid. The extent of the cost depends on the scope of the grant program, including eligibility requirements, to be established by DMHAS.

Section 39 - 41 requires DCF, in collaboration with SDE, to make a peer-to-peer mental health support program available to: (1) local or regional boards of education, (2) local and district health departments, (3) youth service bureaus, (4) municipal social service agencies, and (5) other DCF-approved youth-serving organizations. The design, integration, training, and expansion to 12 school districts are estimated

to cost \$150,000 annually.

Section 42 requires DCF to establish a program to provide in-home services to parents and guardians of children with behavioral health needs to provide them respite from caregiving. Under this provision, DCF must administer the program through service contracts with providers of such services or through direct subsidies to the caregivers to enable them to purchase such services.

DCF currently provides Respite Care Services through its existing Care Coordination service model. DCF currently maintains capacity for 270 respite slots per year with a per slot cost of \$1,667.

Section 46 requires DPH to establish and administer a child psychiatrist grant program to provide incentive grants to employers of child psychiatrists for retaining and hiring new child psychiatrists. DPH does not have a separate licensure category for psychiatry, as they are licensed as physicians. There are 22,294 Connecticut licensed physicians; 2,689 of which report a specialty in psychiatry. DPH would require a Fiscal Administrative Officer at a cost of approximately \$78,0000 to manage the grant program.

It is not known how many people would be eligible for this grant program and the bill is silent on amount of the incentive grant award. For illustrative purposes, if 5% of the 2,689 who report a specialty in psychiatry participated in an incentive grant program and the incentive award ranged from \$5,000 to \$50,000 the program costs would range from \$672,250 - \$6,722,500.

Section 47 results in a cost to DMHAS to design and implement, by January 1, 2023, a multiyear, state-wide advertising campaign promoting the availability of all mental health, behavioral health and substance use disorder services in the state. DMHAS will incur associated costs of at least \$250,000 and up to \$2 million depending on the final scope and implementation of the new media campaign.

Section 48 requires DCF, in collaboration with DMHAS, to establish

a grant program for inpatient and outpatient children's mental and behavioral health care programs to create a peer-to-peer support program for parents and caregivers of children with mental and behavioral health issues. Under this provision, DCF must adopt regulations for grant program administration, including eligibility requirements, priority categories, funding limitations, and the program application process. Costs for this program would be significant and would depend on the number of children and families served.

Section 54 requires DPH to establish an incentive program to encourage doctoral degree psychologists who have completed a semester long clerkship at a facility licensed by DCF to qualify for a state loan forgiveness program. While it is not known how many people will be eligible for a loan forgiveness program, this provision will result in significant costs to DPH, estimated to be more than \$1 million per fiscal year. There were 208 psychologist license applications in 2021. DPH would require a Fiscal Administrative Officer at a cost of approximately \$78,0000 to manage the incentive program.

Section 67 results in a significant cost to the Department of Economic and Community Development (DECD) to administer and fund grants to a Youth Services Corps program. The total cost of grants will be determined by the number of participants enrolled in the program. DECD will also incur a cost of \$65,711 for a 0.5 FTE position to administer the program and grant funds.

The bill requires DECD to provide grants to eligible municipalities to establish a local Youth Service Corps program. Under the bill, the grants are \$10,000 per youth participant plus 15% additional for administrative expenses. The program is available only to municipalities with priority school districts. Participants must be aged 16 to 24 and must be referred into the program by a school official, juvenile probation officer or other officials as outlined in the bill.

For illustrative purposes, if 1,000 youths in total participate in the program in one year, the total grants funded would be \$10 million in

grants plus \$1.5 million in program administration expenses.¹

DECD will require a part-time 0.5 FTE Community Development specialist position at an annual cost of approximately \$65,711 (\$46,760 for salary and \$18,952 for fringe benefits) to administer applications and grant awards for this program. The grants will be available only to those municipalities with priority districts.²

Sections 49 to 52, 56 to 63, and sections 68 and 69 change the criteria for which health insurance policies must provide coverage in certain circumstances and results in a cost to the state to defray costs of providing these benefits on the Exchange. sections will also result in a cost to fully insured municipalities. The sections are anticipated to expand coverage under the Exchange and fully-insured municipal plans in certain circumstances. There is a cost to fully-insured municipalities due to expanding coverage criteria for the included diagnostic treatments and procedures, to the extent that their policies are not currently in accordance with the provisions of the sections. The cost to include any associated benefits not currently covered will be reflected in plan premiums for plan years in future years. Premiums will increase based on the projected utilization of benefits, as determined by plan actuaries. The sections will also result in a cost to the state pursuant to the Affordable Care Act to the extent the benefits are not currently covered under the Exchange's benchmark plan. Federal law requires the state to defray the cost of any such additional mandated benefits for all plans sold in the Exchange, by reimbursing the carrier or the insured for the excess coverage. Absent further federal guidance, state mandated benefits enacted after December 31, 2011 cannot be considered part of the essential health benefits required under federal law, unless they are already part of the benchmark plan.

Section 73 expands eligibility for victim compensation from the

¹ The City of Harford launched the [Mayor's Youth Service Corp](#) in 2016 and since its establishment has provided services to 750 youth participants in the program.

² The 2021 priority school district list includes fifteen municipalities.

Judicial Department Office of Victim Services to include victims of an incident of child abuse or neglect that is substantiated by DCF and results in a potential cost to the Criminal Injuries Compensation Fund (CICF). Victims can be awarded between \$5,000 - \$15,000 to help pay for certain expenses not covered by insurance, workers' compensation, or other types of financial resources. In FY 21, awards from the CICF totaled approximately \$1.8 million.

Sections 76 and 77 appropriates \$6.5 million to DCF in FY 23 for Community Kidcare account for grants to certain providers to increase the number of full-time emergency mobile psychiatric services personnel serving children.

Section 78 requires that the \$6.5 million appropriated to DCF in Section 76 is also for Family Support Services for grants to intensive outpatient services providers, partial hospitalization programs and psychiatric residential treatment facilities. The funding in Section 76 is not sufficient to cover the grants in this section. The cost to provide the grants in this section would be significant.

Section 80 requires DCF in FY 23 and annually thereafter to provide grants to youth service bureaus and municipal juvenile review boards to address truancy and chronic absenteeism in schools. These costs would be significant.

Section 81 appropriates an unspecified amount of funding to DCF to hire and retain existing employees who are engaged full-time in mental health or behavioral clinical work.

Section 82 appropriates an unspecified amount of funding to DPH to increase the number of child psychiatry medical residencies and fellowships at in-state hospitals.

Section 83 appropriates \$150,000 for a grant-in-aid to a children's hospital in the state for purpose of coordinating a mental and behavioral health training and consultation program from January 1, 2023 to January 1, 2025

Section 89 appropriates an unspecified amount to the Department of Correction in FY 23 for the provision of mental health services to juveniles.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.