

By: Representative Rosebud

To: Public Health and Human Services; Education

HOUSE BILL NO. 865

1 AN ACT TO CREATE THE MISSISSIPPI CHILDREN'S ASSESSMENT AND  
 2 MENTAL HEALTH EVALUATION OPPORTUNITY (CAMHEO) ACT OF 2023, FOR THE  
 3 PURPOSE OF PROVIDING MENTAL HEALTH ASSESSMENTS AND SCREENINGS TO  
 4 PUBLIC SCHOOL STUDENTS IN KINDERGARTEN THROUGH GRADE 12; TO  
 5 PROVIDE LEGISLATIVE FINDINGS; TO REQUIRE THE STATE BOARD OF  
 6 EDUCATION AND THE MISSISSIPPI DEPARTMENT OF MENTAL HEALTH TO  
 7 DEVELOP THE FRAMEWORK AND GUIDELINES FOR USE BY PUBLIC SCHOOLS IN  
 8 PROVIDING COMPREHENSIVE, COORDINATED MENTAL HEALTH PREVENTION,  
 9 SCREENINGS AND ASSESSMENTS, EARLY INTERVENTION AND TREATMENT  
 10 SERVICES FOR PUBLIC SCHOOL STUDENTS; TO PRESCRIBE THE MINIMUM  
 11 REQUIREMENTS FOR THE FRAMEWORK AND GUIDELINES; TO CREATE THE  
 12 CHILDREN'S MENTAL HEALTH PARTNERSHIP, WHICH SHALL BE RESPONSIBLE  
 13 FOR DEVELOPING THE ASSESSMENTS AND SCREENERs TO BE USED BY  
 14 CERTIFIED SCHOOL EMPLOYEES TO DETECT ANY MENTAL HEALTH  
 15 DEFICIENCIES IN STUDENTS; TO PRESCRIBE THE COMPOSITION OF THE  
 16 PARTNERSHIP; TO REQUIRE THE STATE BOARD OF EDUCATION, BEFORE THE  
 17 BEGINNING OF THE 2024-2025 SCHOOL YEAR, TO DEVELOP AND IMPLEMENT A  
 18 POLICY REQUIRING ALL PUBLIC SCHOOL DISTRICTS TO PROVIDE MENTAL  
 19 HEALTH SCREENINGS AND ASSESSMENTS TO STUDENTS IN KINDERGARTEN  
 20 THROUGH GRADE 12, WHO EXHIBIT SIGNS OF MENTAL DISTRESS AND  
 21 INCAPACITY; TO PRESCRIBE THE MINIMUM REQUIREMENTS OF THE POLICY  
 22 CONTENT; TO REQUIRE EVERY PUBLIC SCHOOL DISTRICT TO DEVELOP A  
 23 POLICY FOR INCORPORATING SOCIAL AND EMOTIONAL DEVELOPMENT INTO THE  
 24 DISTRICT'S EDUCATIONAL PROGRAM BEFORE THE BEGINNING OF THE  
 25 2024-2025 SCHOOL YEAR; AND FOR RELATED PURPOSES.

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

27 **SECTION 1.** This act shall be known and may be cited as the  
 28 Mississippi Children's Assessment and Mental Health Evaluation  
 29 Opportunity (CAMHEO) Act of 2023.



30           **SECTION 2. Legislative Findings.**   (1) Statistics

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

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



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

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

- 61 (i) Changes in school performance;
- 62 (ii) Drug abuse;
- 63 (iii) Inability to cope;
- 64 (iv) Changes in sleeping;
- 65 (v) Defying authority;
- 66 (vi) Frequent outbursts of anger; and
- 67 (vii) Hyperactivity.

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

- 70 (i) Hearing voices;
- 71 (ii) Hallucinating; and
- 72 (iii) Aggressive behavior.

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

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



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

84 (5) Most mental illnesses can be diagnosed or recognized  
85 during childhood. One-half (1/2) of all lifetime cases of mental  
86 illness are recognizable by age fourteen (14) and three-quarters  
87 (3/4) by age twenty-four (24). Children can suffer from many  
88 different mental illnesses including:

- 89 (a) Anxiety;
- 90 (b) Disruptive behavior;
- 91 (c) Pervasive development;
- 92 (d) Eating disorders;
- 93 (e) Elimination disorders;
- 94 (f) Affective disorders;
- 95 (g) Schizophrenic disorders; and
- 96 (h) Tic disorders.

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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



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

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

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

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

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

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

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

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

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



178 later than September 1, 2023, upon the call of the Governor. The  
179 partnership, which shall serve without state funded compensation  
180 for the performance of their duties as members of the partnership,  
181 shall elect among its members, officers to serve as chairman, vice  
182 chairman and secretary at its first meeting. A quorum of the  
183 partnership shall be eight (8) members. Any vacancy in the  
184 partnership shall be filled by the appointing authority.

185 (d) The partnership shall submit a preliminary policy  
186 plan to Legislature by January 1, 2024, and shall submit the final  
187 policy plan to the State Board of Education on June 30, 2024.  
188 Thereafter, the partnership shall submit an annual report to the  
189 Legislature on the progress of implementation of the statewide  
190 public school mental health assessment and screening program, and  
191 and recommendations for revisions of the policy.

192 **SECTION 4.** (1) Before the beginning of the 2024-2025 school  
193 year, the State Board of Education shall develop and implement a  
194 policy requiring all public school districts to provide mental  
195 health screenings and assessments to students in kindergarten  
196 through Grade 12, who exhibit signs of mental distress and  
197 incapacity. At a minimum, the policy must:

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





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

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

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

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

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

226 (ii) How to identify symptoms of mental illness;

227 (iii) Methods of treatment; and



228 (iv) Ways to manage mental illness.

229 (2) Before the beginning of the 2024-2025 school year, every  
230 public school district shall develop a policy for incorporating  
231 social and emotional development into the district's educational  
232 program. The policy shall address teaching and assessing social  
233 and emotional skills and protocols for responding to children with  
234 social, emotional or mental health problems, or a combination of  
235 such problems, that impact learning ability.

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

