

By: Representative Rosebud

To: Public Health and Human Services; Education

HOUSE BILL NO. 928

1 AN ACT TO CREATE THE MISSISSIPPI CHILDREN'S ASSESSMENT AND
2 MENTAL HEALTH EVALUATION OPPORTUNITY (CAMHEO) ACT OF 2024, 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 2025-2026 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 2025-2026 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 2024.



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, 2024, 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, 2025, and shall submit the final
187 policy plan to the State Board of Education on June 30, 2025.
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 2025-2026 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 2025-2026 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.

