

HB 1892 -- DYADIC TREATMENT PILOT PROGRAM

SPONSOR: Hein

This bill establishes, subject to appropriation, a "Dyadic Therapy Pilot Program" to fund dyadic therapy services for caregivers and children in their care. Moneys appropriated to the pilot program will be deposited into the newly created "Dyadic Therapy Fund" For the purposes of this bill, "dyadic therapy" is defined as mental or behavioral health treatment delivered simultaneously to a caregiver and child, including certain examples as provided in the bill.

To be eligible for the program the caregiver or the child must be eligible for MO HealthNet coverage or the child must be in the custody of the Children's Division within the Department of Social Services.

The program will provide:

- (1) Developmental, behavioral, and emotional screening;
- (2) Referral services to mental health care providers, including services necessary for diagnosis;
- (3) Treatment services for caregivers and children who are diagnosed with attachment disorders or externalizing behavioral scores in the clinical range after being screened; and
- (4) Outreach and education activities to ensure awareness and utilization of program services by caregivers through primary care physicians, mental health care providers, child-care facilities, and schools.

The bill requires that the Department of Mental Health prepare and submit a report to the Governor, the Speaker of the Missouri House of Representatives, and the President Pro Tem of the Missouri Senate, which is required to feature:

- (1) The number of individuals screened and treated under the program, including racial, ethnic, and socioeconomic data on the individuals screened and treated; and
- (2) Any cost savings to the Children's Division of the Department of Social Services, the Department of Elementary and Secondary Education, school districts, law enforcement agencies, health care providers, employers, and other relevant public and private entities achieved by the program resulting from:

- (1) Reduced problematic behaviors in children who are referred to the program;
- (2) Reductions in suspensions or expulsions from schools or child-care facilities;
- (3) Reductions in necessary interventions for children referred to the Children's Division; and
- (4) Increased family reunifications.

The pilot program sunsets 6 years after the effective date.