



General Assembly

February Session, 2000

Amendment

LCO No. 4163

Offered by:

REP. GERRATANA, 23rd Dist.

To: Subst. House Bill No. 5529

File No. 372

Cal. No. 304

"An Act Promoting And Enhancing Behavioral Health Services For Children."

1 Strike out everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (a) The Commissioner of Social Services and the
4 Commissioner of Children and Families shall develop and administer
5 an integrated behavioral health service delivery system for children
6 and youth with serious emotional disturbances who are eligible to
7 receive services from the HUSKY Plan, Part A or Part B, the HUSKY
8 Plus program for intensive behavioral health needs or voluntary
9 services provided through the Department of Children and Families.
10 All necessary changes to the IV-E, Title XIX and Title XXI state plans
11 shall be made to maximize federal financial participation.

12 (b) Not later than October 1, 2000, said commissioners shall enter
13 into a memorandum of understanding for the purpose of the joint
14 administration of an integrated behavioral health service delivery
15 system. Such memorandum of understanding shall establish
16 mechanisms to administer combined funding, establish standards for,

17 and monitor implementation of, the integrated behavioral health
18 service delivery system and specify that (1) the Department of Social
19 Services, which is the agency designated as the single state agency for
20 the administration of the Medicaid program pursuant to Title XIX of
21 the Social Security Act, manage all Medicaid and HUSKY Plan
22 modifications, waiver amendments, federal reporting and claims
23 processing and provide financial management, and (2) the Department
24 of Children and Families, which is the state agency responsible for
25 administering and evaluating a comprehensive and integrated state-
26 wide program of services for children and youth who are seriously
27 emotionally disturbed, define the services to be included in the
28 continuum of care and develop state-wide training programs on the
29 systems of care approach for providers, families and other persons.

30 (c) Not later than October 1, 2000, said commissioners shall
31 complete the memorandum of understanding, establish fiscal and
32 programmatic eligibility guidelines, develop fiscal and programmatic
33 outcome measures and develop a plan to evaluate the administration
34 of behavioral health services.

35 (d) Said commissioners may commence a project of limited scope
36 and duration in the state fiscal year commencing July 1, 2000, to
37 implement the provisions of this section in those locations where the
38 commissioners determine that services are well-developed and a high
39 degree of cooperation exists among providers.

40 (e) Said commissioners shall consult with the Commissioner of
41 Mental Health and Addiction Services and the Commissioner of
42 Mental Retardation during the development of the integrated
43 behavioral health service delivery system in order to ensure
44 coordination of a delivery system of behavioral health services across
45 the life span of children, youth and adults with behavioral health
46 needs.

47 (f) The Commissioner of Social Services and the Commissioner of
48 Children and Families may apply for any federal waivers necessary to

49 implement the provisions of this section.

50 Sec. 2. (NEW) Not later than January 1, 2001, and annually
51 thereafter, each local system of care shall, within available
52 appropriations, (1) complete a local needs assessment which shall
53 include objectives and outcome measures, (2) specify the number of
54 children requiring behavioral health services, (3) specify the number of
55 children actually receiving community-based and residential services
56 and the type and frequency of such services, and (4) complete an
57 annual self-evaluation process and a review of discharge summaries.
58 Each local system of care shall submit its local needs assessment to the
59 Commissioner of Children and Families and the Commissioner of
60 Social Services. For the purposes of this section, "local system of care"
61 means community-based organizations that work in teams to deliver
62 behavioral health services in a manner that assists children and youth
63 with behavioral health problems and provides their families with
64 access to the full range of services tailored to the physical, emotional,
65 social and educational needs of each individual in or near the
66 communities in which they reside.

67 Sec. 3. (a) Not later than October 1, 2000, the Commissioner of Social
68 Services and the Commissioner of Children and Families shall submit
69 a report to the joint standing committees of the General Assembly
70 having cognizance of matters relating to appropriations and the
71 budgets of state agencies, human services and public health that
72 specifies a behavioral health program plan to: (1) Determine the
73 clinical and functional criteria that will be used to identify those
74 children and youth in the target population specified in subsection (a)
75 of section 1 of this act who will receive services from the integrated
76 behavioral health service delivery system; (2) estimate state and
77 federal funds for behavioral health services under the HUSKY Plan,
78 Part A and Part B and Title IV-E according to the criteria to be
79 developed under subdivision (1) of this section; (3) enhance the local
80 systems of care established under section 17a-127 of the general
81 statutes as the primary providers of services under the integrated
82 behavioral health service delivery system; (4) define and establish lead

83 service agencies to coordinate the local systems of care; (5) contract
84 with an administrative services organization or other organizations to
85 provide data and fiduciary management for the lead service agencies;
86 (6) deliver high quality care in the least restrictive environment; (7)
87 determine the feasibility of allowing for a hardship exemption under
88 the provisions of section 17b-299 of the general statutes for eligible
89 children who meet the criteria to be developed under subdivision (1)
90 of this section; (8) determine the feasibility of allowing eligible children
91 whose parents have a household income which exceeds three hundred
92 per cent of the federal poverty level to purchase health insurance
93 coverage under the HUSKY Plan, Part B; (9) develop a strategy for
94 enhancing home and community-based services in order to allow
95 children and youth in out-of-home placements to return to their
96 families and communities; (10) establish mechanisms for the
97 continuous evaluation and quality improvement of the integrated
98 behavioral health service delivery system, including periodic
99 evaluation of behavioral health programs and services and research on
100 child outcomes; (11) establish a program for training staff and
101 providers regarding the changes in the system of care principles and
102 structures and in all aspects of the delivery of care under the integrated
103 behavioral health service delivery system; and (12) establish
104 procedures for compiling all data and conducting all needs
105 assessments as are necessary for planning an integrated behavioral
106 health service delivery system.

107 (b) Not later than October 1, 2000, the Commissioner of Children
108 and Families shall submit a report to the joint standing committee of
109 the General Assembly having cognizance of matters relating to human
110 services on the feasibility of establishing a Bureau of Behavioral Health
111 within the Department of Children and Families.

112 Sec. 4. Section 17a-1 of the general statutes is repealed and the
113 following is substituted in lieu thereof:

114 As used in sections 17a-1 to 17a-26, inclusive, as amended, 17a-28 to
115 17a-49, inclusive, as amended, 17a-127, as amended by this act, and

116 46b-120:

117 (1) "Commissioner" means the Commissioner of Children and
118 Families;

119 (2) "Council" means the State Advisory Council on Children and
120 Families;

121 (3) "Department" means the Department of Children and Families;

122 (4) "Child" means any person under sixteen years of age;

123 (5) "Youth" means any person sixteen to eighteen years of age;

124 (6) "Delinquent child" shall have the meaning ascribed thereto in
125 section 46b-120;

126 (7) "Child or youth with mental illness" means a child or youth who
127 is suffering from one or more mental disorders as defined in the most
128 recent edition of the American Psychiatric Association's "Diagnostic
129 and Statistical Manual of Mental Disorders";

130 (8) "Child or youth with emotional disturbance" means a child or
131 youth who has a clinically significant emotional or behavioral
132 disorder, as determined by a trained mental health professional, that
133 disrupts the academic or developmental progress, family or
134 interpersonal relationships of such child or youth or is associated with
135 present distress or disability or a risk of suffering death, pain or
136 disability;

137 (9) "Individual system of care plan" means a written plan developed
138 by the Commissioner of Children and Families for a child or youth
139 who is mentally ill, [or] emotionally disturbed or seriously emotionally
140 disturbed or who is at placement risk which shall be developed when
141 such child or youth needs services from at least two public agencies
142 and which shall be designed to meet the needs of the child or youth
143 and his family;

144 (10) "Family" means a child or youth who is mentally ill, [or]
145 emotionally disturbed or seriously emotionally disturbed or who is at
146 placement risk together with (A) one or more biological or adoptive
147 parents, except for a biological parent whose parental rights have been
148 terminated, (B) one or more persons to whom legal custody or
149 guardianship has been given, or (C) one or more adult family members
150 who have a primary responsibility for providing continuous care to
151 such child or youth;

152 (11) "Child or youth at placement risk" means a mentally ill, [or]
153 emotionally disturbed or seriously emotionally disturbed child or
154 youth who is at risk of placement out of his home or is in placement
155 out of his home for the primary purpose of receiving mental health
156 treatment;

157 (12) "Parent" means a biological or adoptive parent, except a
158 biological parent whose parental rights have been terminated; [and]

159 (13) "Guardian" means a person who has a judicially created
160 relationship between a child and such person which is intended to be
161 permanent and self-sustaining as evidenced by the transfer to such
162 person of the following parental rights with respect to the child: (A)
163 The obligation of care and control; (B) the authority to make major
164 decisions affecting the child's welfare, including, but not limited to,
165 consent determinations regarding marriage, enlistment in the armed
166 forces and major medical, psychiatric or surgical treatment; (C) the
167 obligation of protection of the child; (D) the obligation to provide
168 access to education; and (E) custody of the child; and

169 (14) "Serious emotional disturbance" and "seriously emotionally
170 disturbed" means, with regard to a child or youth, that the child or
171 youth (A) has a range of diagnosable mental, behavioral or emotional
172 disorders of sufficient duration to meet diagnostic criteria specified in
173 the most recent edition of the American Psychiatric Association's
174 "Diagnostic and Statistical Manual of Mental Disorders" and (B)
175 exhibits behaviors that substantially interfere with or limit the child's

176 or youth's ability to function in the family, school or community and
177 are not a temporary response to a stressful situation.

178 Sec. 5. Section 17a-127 of the general statutes is repealed and the
179 following is substituted in lieu thereof:

180 (a) The following shall be established for the purposes of
181 developing and implementing an individual system of care plan:

182 (1) Within available appropriations, a child specific team may be
183 developed by the family of a child or adolescent at placement risk and
184 include, but not be limited to, family members, the child or adolescent
185 if appropriate, clergy, school personnel, representatives of local or
186 regional agencies providing programs and services for children and
187 youth, a family advocate, and other community or family
188 representatives. The team shall designate one member to be the team
189 coordinator. The team coordinator shall make decisions affecting the
190 implementation of an individual system of care plan with the consent
191 of the team, except as otherwise provided by law. If a case manager,
192 other than the case manager from the Department of Children and
193 Families, has been assigned to the child and is not designated as the
194 team coordinator, such case manager shall not make decisions
195 affecting the implementation of the individual system of care plan
196 without the consent of the team, except as otherwise provided by law;

197 (2) Within available appropriations, case review committees may be
198 developed by each regional office of the Department of Children and
199 Families and shall be comprised of at least three parents of children or
200 adolescents with mental illness, emotional disturbance or serious
201 emotional disturbance and representatives of local or regional agencies
202 and service providers including, but not limited to, the regional
203 administrator of the office of the Department of Children and Families
204 or his designee, a superintendent of schools or his designee, a director
205 of a local children's mental health agency or his designee, the district
206 director of the district office of the Department of Social Services or his
207 designee, representatives from the Departments of Mental Retardation

208 and Mental Health and Addiction Services who are knowledgeable of
209 the needs of a child or adolescent at placement risk, a representative
210 from a local housing authority and a representative from the court
211 system. The functions of the case review committees shall include, but
212 not be limited to: (A) The determination of whether or not a child or
213 adolescent meets the definition of a child or adolescent at placement
214 risk; (B) assisting children or families without a child specific team in
215 the formation of such a team; and (C) resolution of the development or
216 implementation of an individual system of care plan not developed,
217 implemented or agreed upon by a child specific team. Such functions
218 shall be completed in one hundred twenty days or less from the date of
219 referral to the case review committee. In the event of the need for an
220 individual system of care plan for a child or adolescent with no
221 identifiable community, a representative of the child or adolescent
222 shall make a referral to the state coordinated care committee,
223 established pursuant to subdivision (3) of this subsection, which shall
224 designate responsibility for the development of an individual system
225 of care plan to a case review committee. The case review committee
226 shall also monitor the implementation of an individual system of care
227 plan when appropriate. The Department of Children and Families may
228 assign a system coordinator to each case review committee. The duties
229 of the system coordinator shall include, but not be limited to,
230 assistance and consultation to child specific teams and assistance with
231 the development of case review committees and child specific teams.

232 (3) A coordinated care committee shall be developed by the
233 Commissioner of Children and Families and shall be comprised of a
234 parent of a child or adolescent with [serious] mental illness, emotional
235 disturbance or serious emotional disturbance who is currently serving
236 or has served on a case review committee, a person who is now or has
237 been a recipient of services for a child or adolescent at placement risk,
238 representatives of the Departments of Children and Families,
239 Education, Mental Health and Addiction Services, Social Services and
240 Mental Retardation who are knowledgeable of the needs of a child or
241 adolescent at placement risk, and a representative of the Office of

242 Protection and Advocacy for Persons with Disabilities who is
243 knowledgeable of the needs of a child or adolescent at placement risk.

244 (b) The commissioner, in consultation with the coordinated care
245 committee, shall submit a report on the findings and recommendations
246 of programs for children and youth at placement risk, including
247 recommendations for budget options or programmatic changes
248 necessary to enhance the system of care for such child or youth and his
249 family, to the joint standing committee and the select committee of the
250 General Assembly having cognizance of matters relating to children,
251 on or before January 1, 1998, and annually thereafter.

252 (c) The provisions of this section shall not be construed to grant an
253 entitlement to any child or youth at placement risk to receive
254 particular services under this section in an individual system of care
255 plan if such child or youth is not otherwise eligible to receive such
256 services from any state agency or to receive such services pursuant to
257 any other provision of law.

258 (d) The Commissioner of Children and Families may adopt
259 regulations in accordance with chapter 54 for the purpose of
260 implementing the provisions of this section.

261 Sec. 6. This act shall take effect July 1, 2000."