



General Assembly

February Session, 2000

Amendment

LCO No. 4731

Offered by:

REP. GERRATANA, 23rd Dist.
REP. TRUGLIA, 145th Dist.
REP. THOMPSON, 13th Dist.
REP. EBERLE, 15th Dist.
REP. MUSHINSKY, 85th Dist.
REP. BOUCHER, 143rd Dist

REP. DANDROW, 30th Dist.
REP. WINKLER, 41st Dist.
SEN. HARP, 10th Dist.
SEN. HANDLEY, 4th Dist.
SEN. COOK, 18th 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 meet the criteria
7 established in accordance with subdivision (1) of subsection (a) of
8 section 3 of this act and who are eligible to receive services from the
9 HUSKY Plan, Part A or Part B, the HUSKY Plus program for intensive
10 behavioral health needs or voluntary services provided through the
11 Department of Children and Families. All necessary changes to the IV-
12 E, Title XIX and Title XXI state plans shall be made to maximize federal

13 financial participation.

14 (b) Not later than October 1, 2000, said commissioners shall enter
15 into a memorandum of understanding for the purpose of the joint
16 administration of an integrated behavioral health service delivery
17 system. Such memorandum of understanding shall establish
18 mechanisms to administer combined funding, establish standards for,
19 and monitor implementation of, the integrated behavioral health
20 service delivery system and specify that (1) the Department of Social
21 Services, which is the agency designated as the single state agency for
22 the administration of the Medicaid program pursuant to Title XIX of
23 the Social Security Act, manage all Medicaid and HUSKY Plan
24 modifications, waiver amendments, federal reporting and claims
25 processing and provide financial management, and (2) the Department
26 of Children and Families, which is the state agency responsible for
27 administering and evaluating a comprehensive and integrated state-
28 wide program of services for children and youth who are seriously
29 emotionally disturbed, define the services to be included in the
30 continuum of care and develop state-wide training programs on the
31 systems of care approach for providers, families and other persons.

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

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

42 (e) Said commissioners shall consult with the Commissioner of
43 Mental Health and Addiction Services and the Commissioner of
44 Mental Retardation during the development of the integrated

45 behavioral health service delivery system in order to ensure
46 coordination of a delivery system of behavioral health services across
47 the life span of children, youth and adults with behavioral health
48 needs.

49 (f) The Commissioner of Social Services and the Commissioner of
50 Children and Families may apply for any federal waivers necessary to
51 implement the provisions of this section.

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

69 Sec. 3. (a) Not later than October 1, 2000, the Commissioner of Social
70 Services and the Commissioner of Children and Families shall submit
71 a report to the joint standing committees of the General Assembly
72 having cognizance of matters relating to appropriations and the
73 budgets of state agencies, human services and public health that
74 specifies a behavioral health program plan to: (1) Determine the
75 clinical and functional criteria that will be used to identify those
76 children and youth in the target population specified in subsection (a)
77 of section 1 of this act who will receive services from the integrated

78 behavioral health service delivery system; (2) estimate state and
79 federal funds for behavioral health services under the HUSKY Plan,
80 Part A and Part B and Title IV-E according to the criteria to be
81 developed under subdivision (1) of this subsection; (3) enhance the
82 local systems of care established under section 17a-127 of the general
83 statutes as the primary providers of services under the integrated
84 behavioral health service delivery system; (4) define and establish lead
85 service agencies to coordinate the local systems of care; (5) contract
86 with an administrative services organization or other organizations to
87 provide data and fiduciary management for the lead service agencies;
88 (6) deliver high quality care in the least restrictive environment; (7)
89 determine the feasibility of allowing for a hardship exemption under
90 the provisions of section 17b-299 of the general statutes for eligible
91 children who meet the criteria to be developed under subdivision (1)
92 of this subsection; (8) determine the feasibility of allowing eligible
93 children whose parents have a household income which exceeds three
94 hundred per cent of the federal poverty level to purchase health
95 insurance coverage under the HUSKY Plan, Part B; (9) develop a
96 strategy for enhancing home and community-based services in order
97 to allow children and youth in out-of-home placements to return to
98 their families and communities; (10) establish mechanisms for the
99 continuous evaluation and quality improvement of the integrated
100 behavioral health service delivery system, including periodic
101 evaluation of behavioral health programs and services and research on
102 child outcomes; (11) establish a program for training staff and
103 providers regarding the changes in the system of care principles and
104 structures and in all aspects of the delivery of care under the integrated
105 behavioral health service delivery system; and (12) establish
106 procedures for compiling all data and conducting all needs
107 assessments as are necessary for planning an integrated behavioral
108 health service delivery system.

109 (b) Not later than October 1, 2000, the Commissioner of Children
110 and Families shall submit a report to the joint standing committee of
111 the General Assembly having cognizance of matters relating to human

112 services on the feasibility of establishing a Bureau of Behavioral Health
113 within the Department of Children and Families.

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

116 As used in sections 17a-1 to 17a-26, inclusive, as amended, 17a-28 to
117 17a-49, inclusive, as amended, 17a-127, as amended by this act, and
118 46b-120:

119 (1) "Commissioner" means the Commissioner of Children and
120 Families;

121 (2) "Council" means the State Advisory Council on Children and
122 Families;

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

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

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

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

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

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

139 (9) "Individual system of care plan" means a written plan developed

140 by the Commissioner of Children and Families for a child or youth
141 who is mentally ill, [or] emotionally disturbed or seriously emotionally
142 disturbed or who is at placement risk which shall be developed when
143 such child or youth needs services from at least two public agencies
144 and which shall be designed to meet the needs of the child or youth
145 and his family;

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

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

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

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

171 (14) "Serious emotional disturbance" and "seriously emotionally

172 disturbed" means, with regard to a child or youth, that the child or
173 youth (A) has a range of diagnosable mental, behavioral or emotional
174 disorders of sufficient duration to meet diagnostic criteria specified in
175 the most recent edition of the American Psychiatric Association's
176 "Diagnostic and Statistical Manual of Mental Disorders" and (B)
177 exhibits behaviors that substantially interfere with or limit the child's
178 or youth's ability to function in the family, school or community and
179 are not a temporary response to a stressful situation.

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

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

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

199 (2) Within available appropriations, case review committees may be
200 developed by each regional office of the Department of Children and
201 Families and shall be comprised of at least three parents of children or
202 adolescents with mental illness, emotional disturbance or serious
203 emotional disturbance and representatives of local or regional agencies

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

234 (3) A coordinated care committee shall be developed by the
235 Commissioner of Children and Families and shall be comprised of a
236 parent of a child or adolescent with [serious] mental illness, emotional
237 disturbance or serious emotional disturbance who is currently serving

238 or has served on a case review committee, a person who is now or has
239 been a recipient of services for a child or adolescent at placement risk,
240 representatives of the Departments of Children and Families,
241 Education, Mental Health and Addiction Services, Social Services and
242 Mental Retardation who are knowledgeable of the needs of a child or
243 adolescent at placement risk, and a representative of the Office of
244 Protection and Advocacy for Persons with Disabilities who is
245 knowledgeable of the needs of a child or adolescent at placement risk.

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

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

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

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