



***An Act Concerning The Provision Of Mental Health Services To Children.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17a-1 of the general statutes is repealed and the  
2 following is substituted in lieu thereof:

3 As used in sections 17a-1 to 17a-26, inclusive, as amended, 17a-28 to  
4 17a-49, inclusive, as amended, 17a-127, as amended by section 2 of this  
5 act, and 46b-120:

6 (1) "Commissioner" means the Commissioner of Children and  
7 Families;

8 (2) "Council" means the State Advisory Council on Children and  
9 Families;

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

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

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

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

15 (7) "Child or youth with mental illness" means a child or youth who

16 is suffering from one or more mental disorders as defined in the most  
17 recent edition of the American Psychiatric Association's "Diagnostic  
18 and Statistical Manual of Mental Disorders";

19 (8) "Child or youth with emotional disturbance" means a child or  
20 youth who has a clinically significant emotional or behavioral  
21 disorder, as determined by a trained mental health professional, that  
22 disrupts the academic or developmental progress, family or  
23 interpersonal relationships of such child or youth or is associated with  
24 present distress or disability or a risk of suffering death, pain or  
25 disability;

26 (9) "Individual system of care plan" means a written plan developed  
27 by the Commissioner of Children and Families for a child or youth  
28 who is mentally ill, [or] emotionally disturbed or seriously emotionally  
29 disturbed or who is at placement risk which shall be developed when  
30 such child or youth needs services from at least two public agencies  
31 and which shall be designed to meet the needs of the child or youth  
32 and his family;

33 (10) "Family" means a child or youth who is mentally ill, [or]  
34 emotionally disturbed or seriously emotionally disturbed or who is at  
35 placement risk together with (A) one or more biological or adoptive  
36 parents, except for a biological parent whose parental rights have been  
37 terminated, (B) one or more persons to whom legal custody or  
38 guardianship has been given, or (C) one or more adult family members  
39 who have a primary responsibility for providing continuous care to  
40 such child or youth;

41 (11) "Child or youth at placement risk" means a mentally ill, [or]  
42 emotionally disturbed or seriously emotionally disturbed child or  
43 youth who is at risk of placement out of his home or is in placement  
44 out of his home for the primary purpose of receiving mental health  
45 treatment;

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

48 (13) "Guardian" means a person who has a judicially created  
49 relationship between a child and such person which is intended to be  
50 permanent and self-sustaining as evidenced by the transfer to such  
51 person of the following parental rights with respect to the child: (A)  
52 The obligation of care and control; (B) the authority to make major  
53 decisions affecting the child's welfare, including, but not limited to,  
54 consent determinations regarding marriage, enlistment in the armed  
55 forces and major medical, psychiatric or surgical treatment; (C) the  
56 obligation of protection of the child; (D) the obligation to provide  
57 access to education; and (E) custody of the child; and

58 (14) "Child or youth with serious emotional disturbance" means a  
59 child or youth who (A) has a range of diagnosable mental, behavioral  
60 or emotional disorders of sufficient duration to meet diagnostic criteria  
61 specified in the most recent edition of the American Psychiatric  
62 Association's "Diagnostic and Statistical Manual of Mental Disorders"  
63 and (B) exhibits behaviors that substantially interfere with or limit the  
64 child or youth's ability to function in the family, school, or community  
65 and such behaviors are not a temporary response to a stressful  
66 situation.

67 Sec. 2. Section 17a-127 of the general statutes is repealed and the  
68 following is substituted in lieu thereof:

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

71 (1) Within available appropriations, a child specific team may be  
72 developed by the family of a child or adolescent at placement risk and  
73 include, but not be limited to, family members, the child or adolescent  
74 if appropriate, clergy, school personnel, representatives of local or  
75 regional agencies providing programs and services for children and  
76 youth, a family advocate, and other community or family  
77 representatives. The team shall designate one member to be the team  
78 coordinator. The team coordinator shall make decisions affecting the  
79 implementation of an individual system of care plan with the consent

80 of the team, except as otherwise provided by law. If a case manager,  
81 other than the case manager from the Department of Children and  
82 Families, has been assigned to the child and is not designated as the  
83 team coordinator, such case manager shall not make decisions  
84 affecting the implementation of the individual system of care plan  
85 without the consent of the team, except as otherwise provided by law;

86 (2) Within available appropriations, case review committees may be  
87 developed by each regional office of the Department of Children and  
88 Families and shall be comprised of at least three parents of children or  
89 adolescents with mental illness, emotional disturbance or serious  
90 emotional disturbance and representatives of local or regional agencies  
91 and service providers including, but not limited to, the regional  
92 administrator of the office of the Department of Children and Families  
93 or his designee, a superintendent of schools or his designee, a director  
94 of a local children's mental health agency or his designee, the district  
95 director of the district office of the Department of Social Services or his  
96 designee, representatives from the Departments of Mental Retardation  
97 and Mental Health and Addiction Services who are knowledgeable of  
98 the needs of a child or adolescent at placement risk, a representative  
99 from a local housing authority and a representative from the court  
100 system. The functions of the case review committees shall include, but  
101 not be limited to: (A) The determination of whether or not a child or  
102 adolescent meets the definition of a child or adolescent at placement  
103 risk; (B) assisting children or families without a child specific team in  
104 the formation of such a team; and (C) resolution of the development or  
105 implementation of an individual system of care plan not developed,  
106 implemented or agreed upon by a child specific team. Such functions  
107 shall be completed in one hundred twenty days or less from the date of  
108 referral to the case review committee. In the event of the need for an  
109 individual system of care plan for a child or adolescent with no  
110 identifiable community, a representative of the child or adolescent  
111 shall make a referral to the state coordinated care committee,  
112 established pursuant to subdivision (3) of this subsection, which shall  
113 designate responsibility for the development of an individual system

114 of care plan to a case review committee. The case review committee  
115 shall also monitor the implementation of an individual system of care  
116 plan when appropriate. The Department of Children and Families may  
117 assign a system coordinator to each case review committee. The duties  
118 of the system coordinator shall include, but not be limited to,  
119 assistance and consultation to child specific teams and assistance with  
120 the development of case review committees and child specific teams.

121 (3) A coordinated care committee shall be developed by the  
122 Commissioner of Children and Families and shall be comprised of a  
123 parent of a child or adolescent with serious mental illness, emotional  
124 disturbance or serious emotional disturbance who is currently serving  
125 or has served on a case review committee, a person who is now or has  
126 been a recipient of services for a child or adolescent at placement risk,  
127 representatives of the Departments of Children and Families,  
128 Education, Mental Health and Addiction Services, Social Services and  
129 Mental Retardation who are knowledgeable of the needs of a child or  
130 adolescent at placement risk, and a representative of the Office of  
131 Protection and Advocacy for Persons with Disabilities who is  
132 knowledgeable of the needs of a child or adolescent at placement risk.

133 (b) The commissioner, in consultation with the coordinated care  
134 committee, shall submit a report on the findings and recommendations  
135 of programs for children and youth at placement risk, including  
136 recommendations for budget options or programmatic changes  
137 necessary to enhance the system of care for such child or youth and his  
138 family, to the joint standing committee and the select committee of the  
139 General Assembly having cognizance of matters relating to children,  
140 on or before January 1, 1998, and annually thereafter.

141 (c) The provisions of this section shall not be construed to grant an  
142 entitlement to any child or youth at placement risk to receive  
143 particular services under this section in an individual system of care  
144 plan if such child or youth is not otherwise eligible to receive such  
145 services from any state agency or to receive such services pursuant to  
146 any other provision of law.

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

150 Sec. 3. (NEW) Any individual system of care plan developed for a  
151 child or youth under section 17a-127 of the general statutes, as  
152 amended by section 2 of this act, shall incorporate the following  
153 guiding principles:

154 (1) Children or youth should have access to a comprehensive array  
155 of services that address the child's physical, social and educational  
156 needs.

157 (2) Children or youth should receive individualized services in  
158 accordance with the unique needs and potentials of each child, and  
159 guided by an individualized service plan.

160 (3) Children or youth should receive services within the least  
161 restrictive, most normative environment that is clinically appropriate.

162 (4) The families, surrogate families and legal guardians of children  
163 or youth should be full participants in all aspects of the planning and  
164 delivery of services.

165 (5) Children or youth should receive services that are integrated,  
166 with linkages between child-caring agencies and programs and  
167 mechanisms for planning, developing and coordinating services.

168 (6) Children or youth should be provided with case management or  
169 similar mechanisms to ensure that multiple services are delivered in a  
170 coordinated and therapeutic manner, and that they can move through  
171 the system of services in accordance with their changing needs.

172 (7) Early identification and intervention for children or youth to  
173 enhance the likelihood of positive outcomes.

174 (8) Children or youth should be ensured smooth transitions to the  
175 adult service system as they reach maturity.

176 (9) The rights of children or youth should be protected, and effective  
177 advocacy efforts for children and youth should be promoted.

178 (10) Children or youth should receive services without regard to  
179 race, religion, national origin, sex, physical disability or other  
180 characteristics, and such services should be sensitive and responsive to  
181 cultural differences and special needs.

182 Sec. 4. The Commissioners of Children and Families and Social  
183 Services, in consultation with the Secretary of the Office of Policy and  
184 Management and representatives of agencies providing mental health  
185 services to children at placement risk, shall prepare a plan for the  
186 design, development and implementation of a system (1) combining  
187 federal and state funds currently used for treating children and youth  
188 with a serious emotional disturbance into a single fund to pay the costs  
189 incurred under section 17a-127 of the general statutes, as amended by  
190 section 2 of this act, of regional case review teams for services  
191 identified by child specific teams, including costs for case managers  
192 and family advocates, and (2) maximizing federal Medicaid  
193 reimbursement of children's mental health services. The plan shall be  
194 submitted to the select committee of the General Assembly having  
195 cognizance of matters relating to children on or before January 1, 2001.

196 Sec. 5. (NEW) The coordinated care committee, developed pursuant  
197 to subdivision (3) of subsection (a) of section 17a-127 of the general  
198 statutes, as amended by section 2 of this act, shall (1) develop  
199 performance outcomes for children and youth receiving services under  
200 said section 17a-127; (2) design a case management system to support  
201 program management, services delivery and evaluation for the target  
202 populations eligible for services; and (3) evaluate the system for  
203 provision of services, including an evaluation of client outcomes and  
204 cost-effectiveness. The committee shall submit a report on  
205 implementation of this section on or before January 1, 2001, and  
206 annually thereafter, to the select committee of the General Assembly  
207 having cognizance of matters relating to children.

208       Sec. 6. On or before January 1, 2001, the Department of Education  
209 shall submit a report to the select committee of the General Assembly  
210 having cognizance of matters relating to children on expanding the  
211 school-based mental health detection program established pursuant to  
212 section 10-76u of the general statutes to more schools and more grades.

213       Sec. 7. The sum of nine hundred thousand dollars is appropriated to  
214 the Department of Children and Families, from the General Fund, for  
215 the fiscal year ending June 30, 2001, for mental health clinical support  
216 at Healthy Families sites.

217       Sec. 8. This act shall take effect July 1, 2000.

**KID   Committee Vote:**   Yea   11   Nay   0   JFS   C/R   HS