



General Assembly

Substitute Bill No. 315

February Session, 2000

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 Section 17a-1 of the general statutes is repealed and the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) "Serious emotional disturbance" and "seriously emotionally
59 disturbed" means, with regard to a child, youth or adolescent, that the
60 child, youth or adolescent (A) has a range of diagnosable mental,
61 behavioral or emotional disorders of sufficient duration to meet
62 diagnostic criteria specified in the most recent edition of the American
63 Psychiatric Association's "Diagnostic and Statistical Manual of Mental
64 Disorders" and (B) exhibits behaviors that substantially interfere with
65 or limit the child or youth's ability to function in the family, school, or
66 community and such behaviors are not a temporary response to a
67 stressful situation.

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 Section 17a-127 of the general statutes is repealed and the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

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

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

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

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

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

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

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

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

147 any other provision of law.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

207 annually thereafter, to the select committee of the General Assembly
208 having cognizance of matters relating to children.

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

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

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

Statement of Legislative Commissioners:

In Subdiv. (14) of section 1, the defined term was reworded for grammatical consistency throughout the bill, and in Subdiv. (3) of subsection (a) of section 2, "serious mental illness" was changed to "[serious] mental illness" for consistency with the defined terms in section 1.

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

HS Committee Vote: Yea 18 NAY 0 JFS-LCO

APP Committee Vote: Yea 48 Nay 0 JF