



Senate

General Assembly

File No. 71

January Session, 2015

Substitute Senate Bill No. 925

Senate, March 12, 2015

The Committee on Children reported through SEN. BARTOLOMEO of the 13th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT ESTABLISHING A HOME VISITATION PROGRAM CONSORTIUM.

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

1 Section 1. (NEW) (*Effective from passage*) (a) There is established a
2 Home Visitation Program Consortium that shall oversee the
3 implementation of the recommendations for the coordination of home
4 visitation programs within the early childhood system provided to the
5 joint standing committees of the General Assembly having cognizance
6 of matters relating to appropriations, human services, education and
7 children pursuant to section 17a-22dd of the general statutes, as
8 amended by this act.

9 (b) The consortium shall consist of the following members:

10 (1) Four representing families who are receiving services or have
11 received services within the last five years from one or more home
12 visitation programs in the state;

13 (2) Not more than eight representing home visitation programs in
14 the state, at least four of whom shall utilize different home visitation
15 models;

16 (3) Two representing private advocacy organizations that provide
17 services for children and families in the state;

18 (4) One representing the United Way of Connecticut 2-1-1 Infoline
19 program;

20 (5) One representing the Connecticut Head Start State Collaboration
21 Office;

22 (6) One representing the birth-to-three program established under
23 section 17a-248 of the general statutes;

24 (7) The Commissioner of Early Childhood, or the commissioner's
25 designee;

26 (8) The Commissioner of Children and Families, or the
27 commissioner's designee;

28 (9) The Commissioner of Developmental Services, or the
29 commissioner's designee;

30 (10) The Commissioner of Education, or the commissioner's
31 designee;

32 (11) The Commissioner of Mental Health and Addiction Services, or
33 the commissioner's designee;

34 (12) The Commissioner of Public Health, or the commissioner's
35 designee;

36 (13) The Child Advocate, or the Child Advocate's designee; and

37 (14) The executive director of the Commission on Children, or the
38 executive director's designee.

39 (c) The Commissioner of Early Childhood shall appoint the

40 members of the consortium listed under subdivisions (1) to (6),
41 inclusive, of subsection (b) of this section. The remaining members
42 shall serve as ex-officio members of the consortium.

43 (d) All appointments to the consortium shall be made not later than
44 thirty days after the effective date of this section. All members
45 appointed under subdivisions (1), (3) and (5) of subsection (b) of this
46 section shall serve an initial term of three years. All members
47 appointed under subdivisions (2), (4) and (6) of subsection (b) of this
48 section shall serve an initial term of two years. Following the
49 expiration of their initial terms, subsequent members appointed to the
50 consortium shall serve two-year terms. Any vacancy shall be filled by
51 the Commissioner of Early Childhood not later than thirty calendar
52 days after the appointment becomes vacant. Any member previously
53 appointed to the consortium may be reappointed.

54 (e) The Commissioner of Early Childhood shall select two
55 chairpersons of the consortium from among the members of the
56 consortium. Such chairpersons shall schedule the first meeting of the
57 consortium, which shall be held not later than sixty days after the
58 effective date of this section. The consortium shall meet at least
59 quarterly.

60 (f) Each member shall be entitled to one vote on the consortium. A
61 majority of the consortium shall constitute a quorum for the
62 transaction of any business, the exercise of any power or the
63 performance of any duty authorized or imposed by law.

64 (g) The staff of the Office of Early Childhood shall serve as
65 administrative staff of the consortium.

66 (h) Not later than September 15, 2016, and annually thereafter, the
67 consortium shall submit a report, in accordance with the provisions of
68 section 11-4a of the general statutes, to the joint standing committee of
69 the General Assembly having cognizance of matters relating to
70 children. Such report shall include (1) the status of the implementation
71 of the recommendations for the coordination of home visitation

72 programs within the early childhood system provided pursuant to
73 section 17a-22dd of the general statutes, as amended by this act, (2) the
74 level of collaboration among home visitation programs in the state, (3)
75 any recommendations for improvements in the collaboration among
76 home visitation providers and other stakeholders, and (4) any
77 additional information that the consortium deems necessary and
78 relevant to improve the provision of home visitation services in the
79 state.

80 Sec. 2. Section 17a-22dd of the general statutes is repealed and the
81 following is substituted in lieu thereof (*Effective from passage*):

82 (a) Not later than December 1, 2014, the Office of Early Childhood,
83 through the Early Childhood Education Cabinet, shall provide
84 recommendations for implementing the coordination of home
85 visitation programs within the early childhood system that offer a
86 continuum of services to vulnerable families with young children,
87 including prevention, early intervention and intensive intervention, to
88 the joint standing committees of the General Assembly having
89 cognizance of matters relating to appropriations, human services,
90 education and children. Vulnerable families with young children may
91 include, but are not limited to, those facing poverty, trauma, violence,
92 special health care needs, mental, emotional or behavioral health care
93 needs, substance abuse challenges and teen parenthood. The
94 recommendations shall address, at a minimum:

95 (1) A common referral process for families requesting home
96 visitation programs;

97 (2) A core set of competencies and required training for all home
98 visitation program staff;

99 (3) A core set of standards and outcomes for all programs, including
100 requirements for a monitoring framework;

101 (4) Coordinated training for home visitation and early care
102 providers, to the extent that training is currently provided, on cultural

103 competency, mental health awareness and issues such as child trauma,
104 poverty, literacy and language acquisition;

105 (5) Development of common outcomes;

106 (6) Shared reporting of outcomes, including information on any
107 existing gaps in services, disaggregated by agency and program, which
108 shall be reported annually, pursuant to section 11-4a, to the joint
109 standing committees of the General Assembly having cognizance of
110 matters relating to appropriations, human services and children;

111 (7) Home-based treatment options for parents of young children
112 who are suffering from severe depression; and

113 (8) Intensive intervention services for children experiencing mental,
114 emotional or behavioral health issues, including, but not limited to,
115 relationship-focused intervention services for young children.

116 (b) The Office of Early Childhood, [as established in section 1 of
117 substitute house bill 6359 of the January 2013, regular session,] in
118 collaboration with the Departments of Children and Families,
119 Education and Public Health, to the extent that private funding is
120 available, shall design and implement a public information and
121 education campaign on children's mental, emotional and behavioral
122 health issues. Such campaign shall provide:

123 (1) Information on access to support and intervention programs
124 providing mental, emotional and behavioral health care services to
125 children;

126 (2) A list of emotional landmarks and the typical ages at which such
127 landmarks are attained;

128 (3) Information on the importance of a relationship with and
129 connection to an adult in the early years of childhood;

130 (4) Strategies that parents and families can employ to improve their
131 child's mental, emotional and behavioral health, including executive

132 functioning and self-regulation;

133 (5) Information to parents regarding methods to address and cope
134 with mental, emotional and behavioral health stressors at various ages
135 of a child's development and at various stages of a parent's work and
136 family life;

137 (6) Information on existing public and private reimbursement for
138 services rendered; and

139 (7) Strategies to address the stigma associated with mental illness.

140 (c) Not later than October 1, 2014, and annually thereafter, to the
141 extent that private funding is available under subsection (b) of this
142 section, the Office of Early Childhood shall report, in accordance with
143 the provisions of section 11-4a, to the joint standing committees of the
144 General Assembly having cognizance of matters relating to children
145 and public health on the status of the public information and
146 education campaign implemented pursuant to subsection (b) of this
147 section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	17a-22dd

KID Joint Favorable Subst.

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 16 \$	FY 17 \$
Various State Agencies	GF - Potential Cost	less than \$1,000	less than \$1,000

Municipal Impact: None

Explanation

There may be a cost of less than \$1,000 to agencies participating in the consortium to reimburse agency staff for mileage expenses.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sSB 925*****AN ACT ESTABLISHING A HOME VISITATION PROGRAM CONSORTIUM.*****SUMMARY:**

This bill establishes a Home Visitation Program Consortium of up to 25 members to oversee the implementation of the Office of Early Childhood's (OEC) recommendations to coordinate home visitation programs within the early childhood system. (As required by law, OEC submitted the recommendations on December 1, 2014 to the Appropriations, Children's, Education, and Human Services committees.) By September 15, 2016, the consortium must begin annual reporting to the Children's Committee.

The bill also makes a technical change.

EFFECTIVE DATE: Upon passage

CONSORTIUM***Membership***

The bill requires the OEC commissioner to appoint the following members to serve an initial three year term:

1. four representatives of families who receive, or have received within the last five years, services from one or more home visitation programs in Connecticut;
2. two representatives of private advocacy organizations that provide child and family services in the state; and
3. a Connecticut Head Start State Collaboration program representative.

The consortium must also include the following OEC commissioner

appointees to serve an initial two year term:

1. up to eight representatives of Connecticut home visitation programs, with at least four programs using different models;
2. a United Way of Connecticut 2-1-1 Infoline program representative; and
3. a Birth-to-Three program representative.

Additionally, the consortium must include the following, or their designees, as ex-officio members:

1. the OEC, children and families, developmental services, education, mental health and addiction services, and public health commissioners;
2. the child advocate; and
3. the Commission on Children executive director.

The OEC commissioner must fill (1) initial appointments within 30 days after the bill's passage and (2) any subsequent vacancy within 30 days. After the first terms expire, subsequent commissioner appointees serve two-year terms. Previously appointed consortium members may be reappointed.

Leadership and Meetings

The OEC commissioner must select two chairpersons from the consortium members. The chairpersons must schedule the first meeting, which must be held within 60 days of the bill's passage. The consortium must then meet at least quarterly. OEC staff serves as the consortium's administrative staff.

Each member is entitled to one vote. A majority of members constitutes a quorum to (1) transact business, (2) exercise any power, or (3) perform any legally authorized or imposed duty.

REPORT

The consortium's annual report to the Children's Committee must include:

1. the status of implementing OEC's recommendations for coordinating home visitation programs within the early childhood system,
2. the level of collaboration among home visitation programs in Connecticut,
3. any recommendations to improve collaboration between home visitation providers and other stakeholders, and
4. any additional information the consortium deems necessary and relevant to improve home visitation services.

COMMITTEE ACTION

Committee on Children

Joint Favorable Substitute

Yea 10 Nay 0 (02/26/2015)