



Senate

General Assembly

File No. 33

February Session, 2016

Substitute Senate Bill No. 75

Senate, March 14, 2016

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 CONCERNING DETAINED YOUTH.

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

1 Section 1. Section 17a-3a of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2016*):

3 The Department of Children and Families shall ensure that the
4 Connecticut Juvenile Training School:

5 (1) Completes health, mental health and educational assessments for
6 each child admitted to the school not later than thirty days from the
7 date of such child's admission;

8 (2) Completes a written individualized treatment plan for each child
9 admitted to the school not later than thirty days from the date of such
10 child's admission;

11 (3) Complies with the provisions of sections 46a-150 to 46a-154,
12 inclusive, as amended by this act, regarding the use of physical

13 restraints, medication and seclusion of children at the school;

14 (4) Provides training to all staff at the school regarding their
15 mandatory child abuse and neglect reporting obligations under section
16 17a-101;

17 (5) Provides the opportunity for each child at the school to engage in
18 at least one hour of physical exercise per day on weekdays and at least
19 two hours of physical exercise per day on the weekends;

20 (6) Maintains a therapeutic and rehabilitational setting for children
21 who are placed at the facility pursuant to section 46b-140;

22 (7) Maintains accreditation by the American Correctional
23 Association;

24 (8) Adopts a data-driven improvement model with performance-
25 based standards.

26 Sec. 2. Section 17a-22bb of the general statutes is repealed and the
27 following is substituted in lieu thereof (*Effective October 1, 2016*):

28 (a) (1) The Commissioner of Children and Families, in consultation
29 with representatives of the children and families served by the
30 department, providers of mental, emotional or behavioral health
31 services for children and families, advocates, and others interested in
32 the well-being of children and families in this state, shall develop a
33 comprehensive implementation plan, across agency and policy areas,
34 for meeting the mental, emotional and behavioral health needs of all
35 children in the state, and preventing or reducing the long-term
36 negative impact of mental, emotional and behavioral health issues on
37 children. In developing the implementation plan, the department shall
38 include, at a minimum, the following strategies to prevent or reduce
39 the long-term negative impact of mental, emotional and behavioral
40 health issues on children:

41 (A) Employing prevention-focused techniques, with an emphasis on
42 early identification and intervention;

- 43 (B) Ensuring access to developmentally-appropriate services;
- 44 (C) Offering comprehensive care within a continuum of services;
- 45 (D) Engaging communities, families and youths in the planning,
46 delivery and evaluation of mental, emotional and behavioral health
47 care services;
- 48 (E) Being sensitive to diversity by reflecting awareness of race,
49 culture, religion, language and ability;
- 50 (F) Establishing results-based accountability measures to track
51 progress towards the goals and objectives outlined in this section,
52 sections 17a-22cc, 17a-22dd and 17a-248h and section 7 of public act 13-
53 178;
- 54 (G) Applying data-informed quality assurance strategies to address
55 mental, emotional and behavioral health issues in children;
- 56 (H) Improving the integration of school and community-based
57 mental health services; and
- 58 (I) Enhancing early interventions, consumer input and public
59 information and accountability by (i) in collaboration with the
60 Department of Public Health, increasing family and youth engagement
61 in medical homes; (ii) in collaboration with the Department of Social
62 Services, increasing awareness of the 2-1-1 Infoline program; and (iii)
63 in collaboration with each program that addresses the mental,
64 emotional or behavioral health of children within the state, insofar as
65 they receive public funds from the state, increasing the collection of
66 data on the results of each program, including information on issues
67 related to response times for treatment, provider availability and
68 access to treatment options.
- 69 (2) Not later than April 15, 2014, the commissioner shall submit and
70 present a status report on the progress of the implementation plan, in
71 accordance with section 11-4a, to the Governor and the joint standing
72 committees of the General Assembly having cognizance of matters

73 relating to children and appropriations.

74 (3) On or before October 1, 2014, the commissioner shall submit and
75 present the implementation plan, in accordance with section 11-4a, to
76 the Governor and the joint standing committees of the General
77 Assembly having cognizance of matters relating to children and
78 appropriations.

79 (4) On or before October 1, 2015, and biennially thereafter through
80 and including 2019, the department shall, in collaboration with the
81 Department of Education, Department of Social Services, Department
82 of Developmental Services, Office of Early Childhood, Department of
83 Public Health and Court Support Services Division of the Judicial
84 Branch, submit and present progress reports on the status of
85 implementation, and any data-driven recommendations to alter or
86 augment the implementation in accordance with section 11-4a, to the
87 Governor and the joint standing committees of the General Assembly
88 having cognizance of matters relating to children and appropriations.

89 (b) Emergency mobile psychiatric service providers shall collaborate
90 with community-based mental health care agencies, school-based
91 health centers and the contracting authority for each local or regional
92 board of education throughout the state, utilizing a variety of methods,
93 including, but not limited to, memoranda of understanding, policy and
94 protocols regarding referrals and outreach and liaison between the
95 respective entities. These methods shall be designed to (1) improve
96 coordination and communication in order to enable such entities to
97 promptly identify and refer children with mental, emotional or
98 behavioral health issues to the appropriate treatment program, and (2)
99 plan for any appropriate follow-up with the child and family.

100 (c) Local law enforcement agencies and local and regional boards of
101 education that employ or engage school resource officers shall,
102 provided federal funds are available, train school resource officers in
103 nationally recognized best practices to prevent students with mental
104 health issues from being victimized or disproportionately referred to
105 the juvenile justice system as a result of their mental health issues.

106 (d) The Department of Children and Families, in collaboration with
107 agencies that provide training for mental health care providers in
108 urban, suburban and rural areas, shall provide phased-in, ongoing
109 training for mental health care providers in evidence-based and
110 trauma-informed interventions and practices.

111 (e) The state shall seek existing public or private reimbursement for
112 (1) mental, emotional and behavioral health care services delivered in
113 the home and in elementary and secondary schools, and (2) mental,
114 emotional and behavioral health care services offered through the
115 Department of Social Services pursuant to the federal Early and
116 Periodic Screening, Diagnosis and Treatment Program under 42 USC
117 1396d.

118 (f) On or before October 1, 2017, the Department of Children and
119 Families, in collaboration with the Judicial Branch and the Department
120 of Correction, shall submit a plan to prevent or reduce the long-term
121 negative impact of mental, emotional and behavioral health issues on
122 children and youth twenty years of age or younger who are held in
123 secure detention or correctional confinement, in accordance with
124 section 11-4a, to the Governor and the joint standing committees of the
125 General Assembly having cognizance of matters relating to children
126 and appropriations.

127 Sec. 3. Subsection (a) of section 46a-13l of the general statutes is
128 repealed and the following is substituted in lieu thereof (*Effective*
129 *October 1, 2016*):

130 (a) The Child Advocate shall:

131 (1) Evaluate the delivery of services to children by state agencies
132 and those entities that provide services to children through funds
133 provided by the state;

134 (2) Review periodically the procedures established by any state
135 agency providing services to children to carry out the provisions of
136 sections 46a-13k to 46a-13p, inclusive, with a view toward the rights of

137 the children and recommend revisions to such procedures;

138 (3) Review complaints of persons concerning the actions of any state
139 or municipal agency providing services to children and of any entity
140 that provides services to children through funds provided by the state,
141 make appropriate referrals and investigate those where the Child
142 Advocate determines that a child or family may be in need of
143 assistance from the Child Advocate or that a systemic issue in the
144 state's provision of services to children is raised by the complaint;

145 (4) Pursuant to an investigation, provide assistance to a child or
146 family who the Child Advocate determines is in need of such
147 assistance including, but not limited to, advocating with an agency,
148 provider or others on behalf of the best interests of the child;

149 (5) Periodically review the facilities and procedures of any and all
150 institutions or residences, public or private, where a juvenile has been
151 placed by any agency or department;

152 (6) Recommend changes in state policies concerning children
153 including changes in the system of providing juvenile justice, child
154 care, foster care and treatment;

155 (7) Take all possible action including, but not limited to, conducting
156 programs of public education, undertaking legislative advocacy and
157 making proposals for systemic reform and formal legal action, in order
158 to secure and ensure the legal, civil and special rights of children who
159 reside in this state;

160 (8) Provide training and technical assistance to attorneys
161 representing children and guardians ad litem appointed by the
162 Superior Court;

163 (9) Periodically review the number of special needs children in any
164 foster care or permanent care facility and recommend changes in the
165 policies and procedures for the placement of such children;

166 (10) Serve or designate a person to serve as a member of the child

167 fatality review panel established in subsection (b) of this section; [and]

168 (11) Take appropriate steps to advise the public of the services of the
169 Office of the Child Advocate, the purpose of the office and procedures
170 to contact the office; and

171 (12) Prepare an in-depth report on conditions of confinement,
172 including, but not limited to, compliance with section 46a-152,
173 regarding children twenty years of age or younger who are held in
174 secure detention or correctional confinement in any facility operated
175 by a state agency. Such report shall be submitted, in accordance with
176 the provisions of section 11-4a, to the joint standing committee of the
177 General Assembly having cognizance of matters relating to children
178 not later than January 15, 2017, and every two years thereafter.

179 Sec. 4. Section 46a-150 of the 2016 supplement to the general statutes
180 is repealed and the following is substituted in lieu thereof (*Effective*
181 *October 1, 2016*):

182 For purposes of this section and sections 46a-151 to 46a-154,
183 inclusive:

184 (1) "Provider of care or supervision of a person at risk" and
185 "provider" mean a person who provides direct care or supervision of a
186 person at risk.

187 (2) "Assistant provider of care or supervision of a person at risk" and
188 "assistant" mean a person assigned to provide, or who may be called
189 upon in an emergency to provide, assistance or security to a provider
190 of care or supervision of a person at risk.

191 (3) "Person at risk" means a person receiving care or supervision in
192 an institution or facility operated by, licensed or authorized to operate
193 by or operating pursuant to a contract with the Departments of Public
194 Health, Developmental Services, Children and Families, [or] Mental
195 Health and Addiction Services, Correction or the Judicial Branch. The
196 term does not include a person in the custody of the Commissioner of
197 Correction who is twenty years of age or older, or a resident or patient

198 of a nursing home subject to federal regulations concerning restraint of
199 residents or patients.

200 (4) "Life-threatening physical restraint" means any physical restraint
201 or hold of a person that restricts the flow of air into a person's lungs,
202 whether by chest compression or any other means.

203 (5) "Physical restraint" means any mechanical or personal restriction
204 that immobilizes or reduces the free movement of a person's arms, legs
205 or head. The term does not include: (A) Briefly holding a person in
206 order to calm or comfort the person; (B) restraint involving the
207 minimum contact necessary to safely escort a person from one area to
208 another; (C) medical devices, including, but not limited to, supports
209 prescribed by a health care provider to achieve proper body position
210 or balance; (D) helmets or other protective gear used to protect a
211 person from injuries due to a fall; or (E) helmets, mitts and similar
212 devices used to prevent self injury when the device is part of a
213 documented treatment plan and is the least restrictive means available
214 to prevent such self-injury.

215 (6) "Psychopharmacologic agent" means any medication that affects
216 the central nervous system, influencing thinking, emotion or behavior.

217 (7) "Seclusion" means the confinement of a person in a room,
218 whether alone or with staff supervision, in a manner that prevents the
219 person from leaving, except that in the case of seclusion at [Long Lane]
220 the Connecticut Juvenile Training School, the term does not include
221 the placing of a single child or youth in a secure room for the purpose
222 of sleeping.

223 Sec. 5. Subsection (b) of section 46b-121k of the general statutes is
224 repealed and the following is substituted in lieu thereof (*Effective*
225 *October 1, 2016*):

226 (b) The Judicial Branch may contract to establish regional secure
227 residential facilities and regional highly supervised residential and
228 nonresidential facilities for juveniles referred by the court. Such

229 facilities shall operate within contracted-for capacity limits. Such
 230 facilities shall be [exempt from] subject to the licensing requirements of
 231 section 17a-145.

232 Sec. 6. Section 46b-132 of the general statutes is repealed and the
 233 following is substituted in lieu thereof (*Effective October 1, 2016*):

234 Where accommodations for the temporary detention of children in
 235 state-operated detention homes are unavailable, the Chief Court
 236 Administrator or his designee shall arrange with some agency or
 237 person for the use of suitable accommodations to serve as a temporary
 238 detention place as may be required. Such facilities shall be subject to
 239 the licensing requirements of section 17a-145. The court may allow
 240 such agency or person reasonable compensation for the expenses and
 241 services incident to such detention. The Chief Court Administrator or
 242 his designee may employ any other suitable method or arrangement
 243 for detention. Each child while detained as herein provided shall be
 244 under the orders, direction and supervision of the court.

245 Sec. 7. Section 17a-27e of the general statutes is repealed. (*Effective*
 246 *October 1, 2016*)

| | | |
|---|------------------------|------------------|
| This act shall take effect as follows and shall amend the following sections: | | |
| Section 1 | <i>October 1, 2016</i> | 17a-3a |
| Sec. 2 | <i>October 1, 2016</i> | 17a-22bb |
| Sec. 3 | <i>October 1, 2016</i> | 46a-131(a) |
| Sec. 4 | <i>October 1, 2016</i> | 46a-150 |
| Sec. 5 | <i>October 1, 2016</i> | 46b-121k(b) |
| Sec. 6 | <i>October 1, 2016</i> | 46b-132 |
| Sec. 7 | <i>October 1, 2016</i> | Repealer section |

Statement of Legislative Commissioners:

In Section 3(a)(2), the new provision was moved to new Subdiv. (12) for clarity, and in Section 3(a)(12), "in accordance with the provisions of section 11-4a" was added for consistency with the general statutes.

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 17 \$ | FY 18 \$ |
|----------------------------|-------------|----------|-----------------|
| Children & Families, Dept. | GF - Cost | 16,000 | 10,000 - 12,000 |

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a cost of approximately \$16,000 in FY 17 and \$10,000 to \$12,000 annually to the Department of Children and Families (DCF) due to Performance Based Standards (PBS) requirements. Other reporting, restraint, seclusion, and licensure provisions of the bill¹ are not anticipated to result in a fiscal impact to the state, or municipalities.

According to the United States Department of Justice, the cost for the first year of PBS, including one-time start-up costs, is \$16,000 per facility. Subsequent years of PBS are \$10,000 to \$12,000. The bill requires DCF to implement PBS at the Connecticut Juvenile Training School.

The Out Years

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

Sources: U.S. Department of Justice's Performance Based Standards Website <http://pbstandards.org/cjcaresources/93/CandidacyApplicationGuide201602.pdf>

¹DCF would be required to license JUD's seven residential facilities for court-referred juveniles.

OLR Bill Analysis**sSB 75*****AN ACT CONCERNING DETAINED YOUTH.*****SUMMARY:**

This bill requires the Department of Children and Families (DCF) to ensure that the Connecticut Juvenile Training School (CJTS):

1. maintains a therapeutic and rehabilitational setting for children who are placed at the facility following a delinquency conviction (the bill does not define such a setting),
2. maintains accreditation by the American Correctional Association, and
3. adopts a data-driven improvement model with performance-based standards.

The bill also:

1. extends the law's protections against involuntary physical restraint and seclusion to more individuals, including certain youths in Judicial and Department of Correction (DOC) facilities;
2. establishes new (a) licensing requirements for certain secure juvenile facilities and (b) reporting requirements for DCF and the child advocate; and
3. makes technical changes.

EFFECTIVE DATE: October 1, 2016

§ 4 - RESTRAINT AND SECLUSION

The law limits the circumstances in which an individual who

provides care, education or supervision to a person at risk may (1) involuntarily physically restrain or seclude the person or (2) use a psychopharmacologic agent on the person without his or her consent.

Currently, a “person at risk” is someone receiving care or supervision in a facility or institution operated by, licensed or authorized to operate by, or contracted with DCF or the Departments of Developmental Services (DDS), Mental Health and Addiction Services, or Public Health (DPH). It does not include a person in DOC custody, or a nursing home resident or patient.

The bill broadens the definition of “person at risk” to include an individual in a facility or institution operated by, licensed or authorized by, or contracted with (1) DOC, if the person is under age 20, or (2) the Judicial Branch.

§§ 5 & 6 - LICENSURE REQUIREMENTS

Current law exempts Judicial Branch-contracted regional secure residential facilities and regional highly supervised residential and nonresidential facilities for court-referred juveniles from DCF child care facility licensure requirements. The bill subjects these facilities to these requirements.

By law, when there are no available accommodations in state-operated detention homes to temporarily detain a child, the Chief Court Administrator must arrange for suitable temporary detention accommodations. The bill requires the accommodations to be in DCF-licensed child care facilities.

§§ 2 & 3 - REPORTING REQUIREMENTS

DCF

Current law requires DCF to biennially submit and present to the governor and Appropriations and Children’s committees (1) progress reports on the department’s implementation plan to meet Connecticut children’s mental, emotional, and behavioral health needs and (2) any data-driven recommendations to augment the implementation. The bill requires DCF to collaborate on the progress reports and

recommendations with (1) DDS, DPH, and the Departments of Education and Social Services, (2) the Office of Early Childhood, and (3) the Judicial Branch’s Court Support Services Division.

Additionally, the bill requires DCF, by October 1, 2017 and in collaboration with the Judicial Branch and DOC, to submit to the governor and Appropriations and Children’s committees a plan to prevent or reduce the long term impact of mental, emotional, and behavioral health issues on children and youth age 20 or younger who are held in secure detention or correctional confinement.

Child Advocate

The bill requires the child advocate to prepare an in-depth report on the confinement conditions for children age 20 or younger in secure detention or correctional confinement in any state-operated facility. The report must also examine the facility’s compliance with the law limiting the use of restraint and seclusion. It must be submitted to the Children’s committee biennially, starting by January 15, 2017.

COMMITTEE ACTION

Committee on Children

Joint Favorable Substitute

Yea 11 Nay 0 (02/25/2016)