

**Proposed Substitute
Bill No. 93**

LCO No. 2973

**AN ACT CONCERNING THE DEPARTMENT OF CHILDREN AND
FAMILIES RECOMMENDATIONS REGARDING QUALIFIED
RESIDENTIAL TREATMENT PROGRAMS, REPORTING
REQUIREMENTS AND MINOR CHANGES.**

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

1 Section 1. Subsection (f) of section 46b-127 of the 2020 supplement to
2 the general statutes is repealed and the following is substituted in lieu
3 thereof (*Effective July 1, 2020*):

4 (f) The transfer of a child to a Department of Correction facility shall
5 be limited as provided in subsection (e) of this section and said
6 subsection shall not be construed to permit the transfer of or otherwise
7 reduce or eliminate any other population of juveniles in detention or
8 confinement within the Judicial Department. [or the Department of
9 Children and Families.]

10 Sec. 2. Subsection (b) of section 17a-3 of the general statutes is
11 repealed and the following is substituted in lieu thereof (*Effective July 1,*
12 *2020*):

13 [(b) (1) The department, with the assistance of the State Advisory
14 Council on Children and Families, and in consultation with
15 representatives of the children and families served by the department,
16 providers of services to children and families, advocates, and others

17 interested in the well-being of children and families in this state, shall
18 develop and regularly update a single, comprehensive strategic plan for
19 meeting the needs of children and families served by the department. In
20 developing and updating the strategic plan, the department shall
21 identify and define agency goals and indicators of progress, including
22 benchmarks, in achieving such goals. The strategic plan shall include,
23 but not be limited to: (A) The department's mission statement; (B) the
24 expected results for the department and each of its mandated areas of
25 responsibility; (C) a schedule of action steps and a time frame for
26 achieving such results and fulfilling the department's mission that
27 includes strategies for working with other state agencies to leverage
28 resources and coordinate service delivery; (D) strategies, informed by
29 data on referrals, substantiations, removal, placements and retention, by
30 which the department shall identify racial and ethnic disparities within
31 child welfare practice and work to eliminate such disparities; (E)
32 priorities for services and estimates of the funding and other resources
33 necessary to carry them out; (F) standards for programs and services
34 that are based on research-based best practices, when available; and (G)
35 relevant measures of performance.

36 (2) The department shall begin the strategic planning process on July
37 1, 2009. The department shall hold regional meetings on the plan to
38 ensure public input and shall post the plan and the plan's updates and
39 progress reports on the department's web site. The department shall
40 submit the strategic plan to the State Advisory Council on Children and
41 Families for review and comment prior to its final submission to the
42 General Assembly and the Governor. On or before July 1, 2010, the
43 department shall submit the strategic plan, in accordance with section
44 11-4a, to the General Assembly and the Governor.

45 (3) The commissioner shall track and report on progress in achieving
46 the strategic plan's goals not later than October 1, 2010, and quarterly
47 thereafter, to said State Advisory Council. The commissioner shall
48 submit a status report on progress in achieving the results in the
49 strategic plan, in accordance with section 11-4a, not later than July 1,

50 2011, and annually thereafter to the General Assembly, the joint
51 standing committee of the General Assembly having cognizance of
52 matters relating to children and the Governor.] (b) Not later than July 1,
53 2020, the Commissioner of Children and Families shall submit, in
54 accordance with the provisions of section 11-4a, to the joint standing
55 committees of the General Assembly having cognizance of matters
56 relating to children and appropriations and to the State Advisory
57 Council for Children and Families the following reports that the
58 commissioner most recently submitted to the Administration for
59 Children and Families pursuant to federal law: (1) The Child and Family
60 Services Plan, (2) the Annual Progress and Services Report, (3) the Final
61 Report of the Child and Family Services Review, and (4) any Program
62 Improvement Plan. Thereafter, the commissioner shall submit, in
63 accordance with the provisions of section 11-4a, to the joint standing
64 committees of the General Assembly having cognizance of matters
65 relating to children and appropriations and to the State Advisory
66 Council for Children and Families said reports not later than thirty days
67 after submission to the Administration for Children and Families.

68 Sec. 3. Subsection (c) of section 17a-4 of the general statutes is
69 repealed and the following is substituted in lieu thereof (*Effective July 1,*
70 *2020*):

71 (c) The duties of the council shall be to: (1) Recommend to the
72 commissioner programs, legislation or other matters which will
73 improve services for children and youths, including behavioral health
74 services; (2) annually review and advise the commissioner regarding the
75 proposed budget; (3) interpret to the community at large the policies,
76 duties and programs of the department; (4) issue any reports it deems
77 necessary to the Governor and the Commissioner of Children and
78 Families; (5) [assist in the development of and] review and comment on
79 the [strategic plan developed by the department pursuant to] reports
80 described in subsection (b) of section 17a-3, as amended by this act; (6)
81 [receive on a quarterly basis from the commissioner a status report on
82 the department's progress in carrying out the strategic plan; (7)]

83 independently monitor the department's progress in achieving its goals
84 as expressed in [the strategic plan] such reports; and [(8)] (7) offer
85 assistance and provide an outside perspective to the department so that
86 it may be able to achieve the goals expressed in [the strategic plan] such
87 reports.

88 Sec. 4. Section 17a-22bb of the general statutes is repealed and the
89 following is substituted in lieu thereof (*Effective from passage*):

90 (a) [(1)] The Commissioner of Children and Families, in consultation
91 with representatives of the children and families served by the
92 department, including children at increased risk of involvement with
93 the juvenile justice system, providers of mental, emotional or behavioral
94 health services for such children and families, advocates, and others
95 interested in the well-being of children and families in this state, shall
96 develop a comprehensive implementation plan, across agency and
97 policy areas, for meeting the mental, emotional and behavioral health
98 needs of all children in the state, and preventing or reducing the long-
99 term negative impact of mental, emotional and behavioral health issues
100 on children. In developing the implementation plan, the department
101 shall include, at a minimum, the following strategies to prevent or
102 reduce the long-term negative impact of mental, emotional and
103 behavioral health issues on children:

104 [(A)] (1) Employing prevention-focused techniques, with an
105 emphasis on early identification and intervention;

106 [(B)] (2) Ensuring access to developmentally-appropriate services;

107 [(C)] (3) Offering comprehensive care within a continuum of services;

108 [(D)] (4) Engaging communities, families and youths in the planning,
109 delivery and evaluation of mental, emotional and behavioral health care
110 services;

111 [(E)] (5) Being sensitive to diversity by reflecting awareness of race,
112 culture, religion, language and ability;

113 [(F)] (6) Establishing results-based accountability measures to track
114 progress towards the goals and objectives outlined in this section,
115 sections 17a-22cc, 17a-22dd and 17a-248h and section 7 of public act 13-
116 178;

117 [(G)] (7) Applying data-informed quality assurance strategies to
118 address mental, emotional and behavioral health issues in children;

119 [(H)] (8) Improving the integration of school and community-based
120 mental health services;

121 [(I)] (9) Enhancing early interventions, consumer input and public
122 information and accountability by [(i)] (A) in collaboration with the
123 Department of Public Health, increasing family and youth engagement
124 in medical homes; [(ii)] (B) in collaboration with the Department of
125 Social Services, increasing awareness of the 2-1-1 Infoline program; and
126 [(iii)] (C) in collaboration with each program that addresses the mental,
127 emotional or behavioral health of children within the state, insofar as
128 they receive public funds from the state, increasing the collection of data
129 on the results of each program, including information on issues related
130 to response times for treatment, provider availability and access to
131 treatment options; and

132 [(J)] (10) Identifying and addressing any increased risk of
133 involvement in the juvenile and criminal justice system attributable to
134 unmet mental, emotional and behavioral health needs of children.

135 [(2)] Not later than April 15, 2014, the commissioner shall submit and
136 present a status report on the progress of the implementation plan, in
137 accordance with section 11-4a, to the Governor and the joint standing
138 committees of the General Assembly having cognizance of matters
139 relating to children and appropriations.

140 (3) On or before October 1, 2014, the commissioner shall submit and
141 present the implementation plan, in accordance with section 11-4a, to
142 the Governor and the joint standing committees of the General

143 Assembly having cognizance of matters relating to children and
144 appropriations.

145 (4) On or before October 1, 2015, and biennially thereafter through
146 and including 2019, the department shall, in collaboration with the
147 Department of Education, Department of Social Services, Department of
148 Developmental Services, Office of Early Childhood, Department of
149 Public Health and Court Support Services Division of the Judicial
150 Branch, submit and present progress reports on the status of
151 implementation, and any data-driven recommendations to alter or
152 augment the implementation in accordance with section 11-4a, to the
153 Governor and the joint standing committees of the General Assembly
154 having cognizance of matters relating to children and appropriations.]

155 (b) Emergency mobile psychiatric service providers shall collaborate
156 with community-based mental health care agencies, school-based health
157 centers and the contracting authority for each local or regional board of
158 education throughout the state, utilizing a variety of methods,
159 including, but not limited to, memoranda of understanding, policy and
160 protocols regarding referrals and outreach and liaison between the
161 respective entities. These methods shall be designed to (1) improve
162 coordination and communication in order to enable such entities to
163 promptly identify and refer children with mental, emotional or
164 behavioral health issues to the appropriate treatment program, and (2)
165 plan for any appropriate follow-up with the child and family.

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

172 (d) The Department of Children and Families, in collaboration with
173 agencies that provide training for mental health care providers in urban,
174 suburban and rural areas, shall provide phased-in, ongoing training for

175 mental health care providers in evidence-based and trauma-informed
176 interventions and practices.

177 (e) The state shall seek existing public or private reimbursement for
178 (1) mental, emotional and behavioral health care services delivered in
179 the home and in elementary and secondary schools, and (2) mental,
180 emotional and behavioral health care services offered through the
181 Department of Social Services pursuant to the federal Early and Periodic
182 Screening, Diagnosis and Treatment Program under 42 USC 1396d.

183 [(f) On or before October 1, 2017, the Department of Children and
184 Families, in collaboration with the Judicial Branch and the Department
185 of Correction, shall submit a plan to prevent or reduce the negative
186 impact of mental, emotional and behavioral health issues on children
187 and youth twenty years of age or younger who are held in secure
188 detention or correctional confinement, in accordance with section 11-4a,
189 to the Governor and the joint standing committees of the General
190 Assembly having cognizance of matters relating to children and
191 appropriations.]

192 [(g)] (f) On or before October 1, 2017, and annually thereafter, the
193 Commissioner of Correction shall compile records regarding the
194 frequency and use of physical restraint and seclusion, as defined in
195 section 46a-150, on children and youth twenty years of age or younger
196 who are in the custody of the commissioner at the John R. Manson Youth
197 Institution, Cheshire, and shall submit a report summarizing such
198 records, in accordance with the provisions of section 11-4a, to the joint
199 standing committee of the General Assembly having cognizance of
200 matters relating to children. Such report shall address the prior year and
201 shall indicate, at a minimum, the frequency that (1) physical restraint
202 was used as (A) an emergency intervention, and (B) a nonemergency
203 intervention, and (2) restricted housing or other types of administrative
204 segregation or seclusion were used at such facility.

205 [(h) On or before October 1, 2018, the Department of Children and
206 Families, in collaboration with the Children's Mental, Emotional and

207 Behavioral Health Plan Implementation Advisory Board, established
208 pursuant to section 17a-22f, shall submit recommendations for
209 addressing any unmet mental, emotional and behavioral health needs
210 of children that are attributed to an increased risk of involvement in the
211 juvenile and criminal justice systems, in accordance with section 11-4a,
212 to the Governor and the joint standing committees of the General
213 Assembly having cognizance of matters relating to children and
214 appropriations.]

215 Sec. 5. Subparagraph (B) of subdivision (1) of subsection (k) of section
216 46b-129 of the general statutes is repealed and the following is
217 substituted in lieu thereof (*Effective from passage*):

218 (B) (i) If a child is at least twelve years of age, the child's permanency
219 plan, and any revision to such plan, shall be developed in consultation
220 with the child. In developing or revising such plan, the child may
221 consult up to two individuals participating in the department's case
222 plan regarding such child, neither of whom shall be the foster parent or
223 caseworker of such child. One individual so selected by such child may
224 be designated as the child's advisor for purposes of developing or
225 revising the permanency plan. Regardless of the child's age, the
226 commissioner shall provide not less than five days' advance written
227 notice of any permanency team meeting concerning the child's
228 permanency plan to an attorney or guardian ad litem appointed to
229 represent the child pursuant to subsection (c) of this section.

230 (ii) If a child is at least twelve years of age, the commissioner shall
231 notify the parent or guardian, foster parent and child of any
232 administrative case review regarding such child's commitment not less
233 than five days prior to such review and shall make a reasonable effort
234 to schedule such review at a time and location that allows the parent or
235 guardian, foster parent and child to attend.

236 (iii) If a child is at least twelve years of age, such child shall, whenever
237 possible, identify not more than three adults with whom such child has
238 a significant relationship and who may serve as a permanency resource.

239 The identity of such adults shall be recorded in the case plan of such
240 child.

241 [(iv) Not later than January 1, 2016, and annually thereafter, the
242 commissioner shall submit a report, in accordance with the provisions
243 of section 11-4a, to the joint standing committees of the General
244 Assembly having cognizance of matters relating to children and the
245 judiciary, on the number of case plans in which children have identified
246 adults with whom they have a significant relationship and who may
247 serve as a permanency resource.]

248 Sec. 6. Section 17a-93 of the general statutes is repealed and the
249 following is substituted in lieu thereof (*Effective from passage*):

250 As used in sections 17a-90 to 17a-121a, inclusive, [and] sections 17a-
251 145 to 17a-153, inclusive, and sections 7 and 8 of this act:

252 (1) "Child" means any person under eighteen years of age, except as
253 otherwise specified, or any person under twenty-one years of age who
254 is in full-time attendance in a secondary school, a technical school, a
255 college or a state-accredited job training program;

256 (2) "Parent" means natural or adoptive parent;

257 (3) "Adoption" means the establishment by court order of the legal
258 relationship of parent and child;

259 (4) "Guardianship" means guardianship, unless otherwise specified,
260 of the person of a minor and refers to the obligation of care and control,
261 the right to custody and the duty and authority to make major decisions
262 affecting such minor's welfare, including, but not limited to, consent
263 determinations regarding marriage, enlistment in the armed forces and
264 major medical, psychiatric or surgical treatment;

265 (5) "Termination of parental rights" means the complete severance by
266 court order of the legal relationship, with all its rights and
267 responsibilities, between the child and the child's parent or parents so

268 that the child is free for adoption except it shall not affect the right of
269 inheritance of such child or the religious affiliation of such child;

270 (6) "Statutory parent" means the Commissioner of Children and
271 Families or that child-placing agency appointed by the court for the
272 purpose of giving a minor child or minor children in adoption;

273 (7) "Child-placing agency" means any agency within or without the
274 state of Connecticut licensed or approved by the Commissioner of
275 Children and Families in accordance with sections 17a-149 and 17a-151,
276 and in accordance with such standards which shall be established by
277 regulations of the Department of Children and Families;

278 (8) "Child care facility" means a congregate residential setting
279 licensed by the Department of Children and Families for the out-of-
280 home placement of (A) children or youths under eighteen years of age,
281 or (B) any person under twenty-one years of age who is in full-time
282 attendance in a secondary school, a technical school, a college or state
283 accredited job training program or is currently homeless or at risk of
284 homelessness, as defined in section 17a-484a;

285 (9) "Protective supervision" means a status created by court order
286 following adjudication of neglect whereby a child's place of abode is not
287 changed but assistance directed at correcting the neglect is provided at
288 the request of the court through the Department of Children and
289 Families or such other social agency as the court may specify;

290 (10) "Receiving home" means a facility operated by the Department
291 of Children and Families to receive and temporarily care for children in
292 the guardianship or care of the commissioner;

293 (11) "Protective services" means public welfare services provided
294 after complaints of abuse, neglect or abandonment, but in the absence
295 of an adjudication or assumption of jurisdiction by a court;

296 (12) "Person responsible for the health, welfare or care of a child or
297 youth" means a child's or a youth's parent, guardian or foster parent; an

298 employee of a public or private residential home, agency or institution
299 or other person legally responsible in a residential setting; or any staff
300 person providing out-of-home care, such as the provision of child care
301 services, as described in section 19a-77, in a child care center, group
302 child care home or family child care home;

303 (13) "Foster family" means a person or persons, licensed by the
304 Department of Children and Families or approved by a licensed child-
305 placing agency, for the care of a child or children in a private home;

306 (14) "Prospective adoptive family" means a person or persons,
307 licensed by the Department of Children and Families or approved by a
308 licensed child-placing agency, who is awaiting the placement of, or who
309 has a child or children placed in their home for the purposes of
310 adoption; [and]

311 (15) "Person entrusted with the care of a child or youth" means a
312 person given access to a child or youth by a person responsible for the
313 health, welfare or care of a child or youth for the purpose of providing
314 education, child care, counseling, spiritual guidance, coaching, training,
315 instruction, tutoring or mentoring of such child or youth;

316 (16) "Qualified residential treatment program" has the same meaning
317 as provided in section 472(k)(4) of the Social Security Act; and

318 (17) "Qualified individual" has the same meaning as provided in
319 Section 475A(c)(1)(D) of the Social Security Act.

320 Sec. 7. (NEW) (*Effective from passage*) The Commissioner of Children
321 and Families shall adopt regulations in accordance with the provisions
322 of chapter 54 of the general statutes establishing standards for qualified
323 residential treatment programs and qualified individuals. Such
324 standards shall include, but not be limited to, (1) staffing at such
325 treatment programs, (2) the care and treatment of children cared for or
326 boarded in such treatment programs, (3) training and qualifications
327 required for a qualified individual, and (4) documentation

328 requirements. The commissioner may implement policies and
329 procedures consistent with the provisions of this section while the
330 commissioner in the process of adopting such regulations, provided the
331 commissioner shall publish notice of intention to adopt regulations on
332 the eRegulations System not later than twenty days after the
333 implementation of such policies and procedures. Any such policies and
334 procedures shall be valid until such final regulations are effective.

335 Sec. 8. (NEW) (*Effective July 1, 2020*) (a) As used in this section,
336 "family" or "family member" means a person related to a child by birth,
337 marriage or other legal means, or a fictive kin caregiver, as defined in
338 section 17a-114 of the general statutes.

339 (b) On and after October 1, 2021, or upon approval of the Connecticut
340 Family First Prevention Plan developed by the Department of Children
341 and Families by the federal Administration for Children and Families,
342 whichever is first, a child in the custody of the Commissioner of
343 Children and Families pursuant to section 46b-129 of the general
344 statutes, as amended by this act, who is placed in a qualified residential
345 treatment program, shall, not later than thirty days after such
346 placement, be assessed by a qualified individual designated by the
347 commissioner in accordance with the provisions of this section. Such
348 qualified individual shall (1) assess the strengths and needs of the child
349 using an age-appropriate, evidence-based, validated, functional
350 assessment tool approved by the Secretary of Health and Human
351 Services, (2) determine whether the needs of the child can be met by
352 family members or through placement in a foster family, and, if such
353 needs cannot be met, identify a setting that would provide the most
354 effective and appropriate level of care for the child in the least restrictive
355 environment and be consistent with the goals for the child as specified
356 in the permanency plan for the child, and (3) develop a list of child-
357 specific short-term and long-term mental and behavioral health goals.
358 A qualified individual shall work in conjunction with the child's family
359 permanency planning team while conducting an assessment under this
360 section.

361 (c) If the qualified individual conducting an assessment under this
362 section determines that a child should not be placed with family
363 members or in a foster family, the qualified individual shall specify in
364 writing (1) why the needs of the child cannot be met by the child's family
365 or in a foster family, provided a shortage or lack of availability of foster
366 family homes shall not be an acceptable reason for a determination that
367 the child's needs cannot be met in a foster family, (2) why placement in
368 the qualified residential treatment program will provide the child with
369 the most effective and appropriate level of care in the least restrictive
370 environment, and (3) how such placement is consistent with the goals
371 specified in the permanency plan for the child. Such written findings
372 shall be submitted to the commissioner.

373 (d) (1) On and after October 1, 2021, or upon approval of the
374 Connecticut Family First Prevention Plan developed by the Department
375 of Children and Families by the federal Administration for Children and
376 Families, whichever is first, the Commissioner of Children and Families,
377 not later than thirty-five days after the placement of a child who is in the
378 custody of the commissioner pursuant to section 46b-129 of the general
379 statutes, as amended by this act, in a qualified residential treatment
380 program, shall file a motion with the Superior Court that has venue over
381 such matter for review of the written assessment required pursuant to
382 subsection (c) of this section, unless such child has been discharged from
383 the qualified residential treatment program.

384 (2) Not later than fifteen days after a motion for review is filed
385 pursuant to subdivision (1) of this subsection, the court shall (A) review
386 the findings from the assessment of the child and the determination
387 made pursuant to subsection (b) of this section, and the written
388 documentation submitted pursuant to subdivision (1) of this subsection;
389 (B) determine whether the needs of the child can be met through
390 placement with a foster family and, if not, whether placement of the
391 child in the qualified residential treatment program provides the most
392 effective and appropriate level of care for the child in the least restrictive
393 environment and that such placement is consistent with the goals

394 specified in the permanency plan for the child; and (C) for the purpose
 395 of allowing the Commissioner of Children and Families to receive foster
 396 care maintenance payments pursuant to Title IV-E of the Social Security
 397 Act, approve or disapprove the placement based on the determination
 398 made pursuant to subparagraph (B) of this subdivision.

399 (e) Following the court's approval or disapproval pursuant to
 400 subsection (d) of this section, the Commissioner of Children and
 401 Families shall submit evidence to the court at any hearing held with
 402 respect to a child that remains placed in a qualified residential treatment
 403 program, (1) demonstrating that (A) ongoing assessment of the
 404 strengths and needs of the child continues to support the determination
 405 that the needs of the child cannot be met through placement in a foster
 406 family, (B) the placement in the qualified residential treatment program
 407 provides the most effective and appropriate level of care for the child in
 408 the least restrictive environment, and (C) the placement is consistent
 409 with the goals specified in the permanency plan for the child; (2)
 410 documenting the specific treatment or service needs that will be met for
 411 the child in the placement and the length of time the child is expected to
 412 need such treatment or services; and (3) documenting efforts made by
 413 the commissioner to prepare the child to return home or to be placed
 414 with a family member, a legal guardian, an adoptive parent or in a foster
 415 family.

416 Sec. 9. Section 17a-63 of the general statutes is repealed. (*Effective from*
 417 *passage*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2020</i>	46b-127(f)
Sec. 2	<i>July 1, 2020</i>	17a-3(b)
Sec. 3	<i>July 1, 2020</i>	17a-4(c)
Sec. 4	<i>from passage</i>	17a-22bb
Sec. 5	<i>from passage</i>	46b-129(k)(1)(B)
Sec. 6	<i>from passage</i>	17a-93
Sec. 7	<i>from passage</i>	New section

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Sec. 8	<i>July 1, 2020</i>	New section
Sec. 9	<i>from passage</i>	Repealer section