
OLR Bill Analysis

sSB 872

AN ACT CONCERNING THE DEPARTMENT OF CHILDREN AND FAMILIES' RECOMMENDATIONS FOR REVISIONS TO THE STATUTES CONCERNING CHILDREN.

SUMMARY

This bill makes various changes to the laws governing the Department of Children and Families (DCF). It:

1. removes an obsolete reference to DCF (§ 1);
2. eliminates a comprehensive strategic planning requirement and instead requires the department to submit certain federally required reports to the legislature (§§ 2-3);
3. eliminates a requirement that DCF, in collaboration with other agencies, biennially submit a progress report on the implementation of the Connecticut Children's Behavioral Health Plan and any data-driven recommendations to the Appropriations and Children's committees (see BACKGROUND) (§ 4);
4. repeals obsolete language regarding one-time reporting mandates that have been met (§ 4);
5. repeals a provision requiring DCF to report on the number of cases in which a child identifies an adult with a significant relationship with the child as a permanency resource when developing or revising a permanency plan (§ 5);
6. requires DCF to establish standards for qualified residential treatment programs (QRTPs) (see BACKGROUND) (§§ 6-8);
7. adds a licensed health care professional to the membership of the State Advisory Council (SAC) on Children and Families (§

9);

8. repeals a reporting requirement on administrative case reviews (§ 10); and

9. makes other technical and conforming changes.

EFFECTIVE DATE: Upon passage, except the provisions removing obsolete DCF references and eliminating the comprehensive plan requirements are effective July 1, 2021, and the provision adding a member to the SAC on Children and Families is effective October 1, 2021.

§§ 2-3 — DCF STRATEGIC PLAN REPORTING REQUIREMENTS

The bill repeals provisions requiring DCF to develop and regularly update a single, comprehensive strategic plan and report to the legislature on updates to the plan. Current law requires DCF to (1) develop and update the plan with assistance from the State Council on Children and Families and in consultation with representatives of children and families served by the department and advocates, and other interested parties; (2) post the plan and updates on its website; and (3) hold regional meetings on the plan to ensure public input. The bill instead requires DCF to submit reports required under federal law by the Administration for Children and Families in order to receive federal funding. Under the bill, these reports include (1) the Child and Family Services Plan, (2) the Annual Progress and Services Report, (3) the Final Report of the Child and Family Services Review, and (4) any Program Improvement Plan. It requires the State Council on Children and Families to review and comment on these reports, rather than on the strategic plan.

Under current law, DCF must submit the strategic plan and updates to the governor and legislature. The bill instead requires DCF to submit the reports described above to the Children's and Appropriations committees and the State Advisory Council for Children and Families no more than 30 days after the Administration for Children and Families (ACF) approves them.

§5 — PERMANENCY REPORT

State and federal laws require DCF to establish and periodically revise permanency plans for children in its care or custody (e.g., abused or neglected children). DCF defines “permanency” as, among other things, having an enduring family relationship that ensures lifelong connections to extended family, siblings, and other significant adults, as well as family history and traditions, race and ethnic heritage, culture, religion, and language.

The bill repeals a provision requiring DCF to annually report to the Children’s and Judiciary committees on the number of cases in which a child has identified an adult with a significant relationship with the child as a permanency resource when developing or revising the permanency plan.

§§ 6-8 — QUALIFIED RESIDENTIAL TREATMENT PROGRAMS

Adoption of QRTP Protocol

The bill requires the DCF commissioner to adopt regulations and establish standards for QRTPs and qualified individuals (see BACKGROUND). Under the bill, standards include (1) staffing at QRTPs, (2) the care and treatment of children cared for or boarded in QRTPs, (3) training and qualifications required for a qualified individual, and (4) documentation requirements.

The bill does not establish a deadline for the commissioner to establish QRTP standards. The bill allows the DCF commissioner to implement policies and procedures consistent with these provisions while in the process of adopting regulations, provided she publishes notice of intention to adopt regulations on the eRegulations System no more than 20 days after implementing the policies and procedures.

QRTP Court Review and Determination Process

The bill also requires any child in DCF custody who is placed in a QRTP, by July 1, 2021, or upon ACF approval of the DCF developed Connecticut Family First Prevention Plan, whichever is first, to be assessed no later than 30 days after the child's placement by a qualified individual. The qualified individual must:

1. assess the child's strengths using an age-appropriate, evidence-based, validated, functional assessment tool approved by the Secretary of Health and Human Services;
2. determine whether the child's needs can be met by family members (see BACKGROUND) or through placement in a foster family, and if the needs cannot be met, identify a setting that would provide the most effective and appropriate level of care for the child in the least restrictive environment and be consistent with the child's permanency plan goals; and
3. develop a list of child-specific short-term and long-term mental and behavioral health goals.

The bill requires the qualified individual to work with the child's family permanency team while doing the assessment.

Under the bill, if the qualified individual determines that a child should not be placed with family members or in a foster family, he or she must provide a written explanation specifying why the child's needs cannot be met by their family or in a foster family. Under the bill, shortage or lack of available foster families is not an acceptable reason for this determination. If the qualified individual recommends that a child should be placed in a QRTP, he or she must specify in writing (1) why this placement will provide the child with the most effective and appropriate level of care in the least restrictive environment and (2) how the placement is consistent with the child's permanency plan goals. The qualified individual must submit this assessment to the DCF commissioner.

The bill also requires the DCF commissioner, by July 1, 2021, or upon ACF approval of DCF's Connecticut Family First Prevention Plan, whichever is first, to file a motion to review the qualified individual's assessment with the Superior Court that has venue over the assessment within 35 days of the child's placement in a QRTP, provided the child has not been discharged. The court must, within 15 days, (1) review the assessment findings and determination made upon the child's initial placement in a QRTP, and (2) determine whether the child's needs can be met through placement with a foster

family. If the child's needs cannot be met through a foster family placement, the court must determine whether a QRTP (1) provides the most effective and appropriate level of care for the child in the least restrictive environment and (2) is consistent with the child's permanency plan goals. The bill states that the purpose of this determination is only to allow DCF to receive federal reimbursement for the child's care.

Additionally, the bill requires DCF to submit evidence to the court at any hearing held regarding a child that remains placed in a QRTP demonstrating: (1) ongoing assessment of the child's strengths and needs continues to support the determination that the child's needs cannot be met through placement in a foster family; (2) placement in the QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment; and (3) the placement is consistent with the goals specified in the child's permanency plan.

The bill also requires DCF to submit evidence documenting (1) the child's specific treatment or service needs that will be met in the placement and the length of time the child is expected to require the treatment or services, and (2) efforts made by DCF to prepare the child to return home or to be placed with a family member, legal guardian, adoptive parent, or in a foster family.

§9 — STATE ADVISORY COUNCIL ON CHILDREN AND FAMILIES

By law, the State Advisory Council on Children and Families makes recommendations to DCF about programs, legislation, and other matters to improve services, among other things. The bill adds a licensed health care professional with expertise in children's health to the State Advisory Council on Children and Families, bringing the total membership to 20 members.

§10 — ADMINISTRATIVE CASE REVIEWS

Current law requires DCF to submit, within available appropriations, an annual report to the Children's Committee on:

1. the results of Connecticut's comprehensive objective reviews

(internal qualitative reviews), including any recommendations contained in the reviews and any steps DCF has taken to implement them;

2. aggregate data from each administrative case review, including any information on the strengths and deficiencies of its case review process; and
3. steps DCF is taking to address department-wide deficiencies.

The bill eliminates this reporting requirement.

BACKGROUND

Connecticut Children's Behavioral Plan

PA 13-178 required DCF to, among other things, develop a plan to meet children's mental, emotional, and behavioral health needs. The plan must include strategies to prevent or reduce the long-term negative impact of mental, emotional, and behavioral health issues on children, including (1) employing prevention-focused techniques that emphasize early identification and intervention and (2) ensuring access to developmentally appropriate services.

DEFINITIONS

Family or Family Member

The law defines "family" or "family member" as a person related to a child by birth, marriage, or other legal means, or a fictive kin caregiver. Current law defines a fictive kin caregiver as a person who is age 21 or older and unrelated to a child by birth, adoption, or marriage but who has an emotionally significant relation with the child amounting to a familial relationship (CGS § 17a-114).

Qualified Individual

Federal law defines a "qualified individual" as a trained professional or licensed clinician who is not a state employee, or who is not connected to or affiliated with any setting in which children are placed by the state (42 U.S.C. 675a(c)(1)).

Qualified Residential Treatment Programs

Under federal law, a QRTP is a program that:

1. has a trauma-informed treatment model designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances;
2. has registered or licensed nursing staff and other licensed clinical staff available 24 hours per day and seven days per week;
3. facilitates family member participation in the child's treatment program, to the extent appropriate;
4. facilitates and documents outreach to the child's family members and maintains family contact information;
5. documents how family members are integrated into the child's treatment process, including post-discharge, and how sibling connections are maintained;
6. provides discharge planning and family-based aftercare support for at least six months after discharge; and
7. is accredited by one of the independent, not-for-profit organizations listed under federal law (42 U.S.C. 672(k)(4)).

COMMITTEE ACTION

Committee on Children

Joint Favorable Substitute

Yea 13 Nay 0 (03/11/2021)