



Senate

General Assembly

File No. 246

January Session, 2021

Substitute Senate Bill No. 2

Senate, April 1, 2021

The Committee on Children reported through SEN. ANWAR of the 3rd Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING SOCIAL EQUITY AND THE HEALTH, SAFETY AND EDUCATION OF CHILDREN.

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

1 Section 1. (NEW) (*Effective July 1, 2021*) (a) As used in this section, (1)
2 "evidence-based" describes a training program that (A) incorporates
3 methods demonstrated to be effective for the intended population
4 through scientifically based research, including statistically controlled
5 evaluations or randomized trials, (B) can be implemented with a set of
6 procedures to allow successful replication in the state, (C) achieves
7 sustained, desirable outcomes, and (D) when possible, has been
8 determined to be cost-beneficial, and (2) "Question, Persuade and Refer
9 (QPR) Institute Gatekeeper Training" means an educational program
10 designed to teach lay and professional persons who work with youth
11 the warning signs of a suicide crisis and how to respond.

12 (b) The Youth Suicide Advisory Board, established pursuant to
13 section 17a-52 of the general statutes, and the Office of the Child
14 Advocate, shall jointly administer an evidence-based youth suicide

15 prevention training program in each district department of health
16 formed pursuant to section 19a-241 of the general statutes. The training
17 program shall provide certification in QPR Institute Gatekeeper
18 Training, utilizing a training model that will enable participants to
19 provide QPR Institute Gatekeeper Training to other individuals upon
20 completion of the training program. Such training program shall be
21 offered not later than July 1, 2022, and at least once every three years
22 thereafter.

23 (c) The director of health for each district department of health shall
24 determine the eligibility criteria for participation in the youth suicide
25 prevention training program. Participants shall be members of the
26 following groups within such district: (1) Employees of such district
27 department of health, (2) employees of youth service bureaus
28 established pursuant to section 10-19m of the general statutes, (3) school
29 employees, as defined in section 10-222d of the general statutes, (4)
30 employees and volunteers of youth-serving organizations, (5)
31 employees and volunteers of operators of youth athletic activities, as
32 defined in section 21a-432 of the general statutes, (6) employees of
33 municipal social service agencies, (7) members of paid municipal or
34 volunteer fire departments, and (8) members of local police
35 departments. With respect to school employees, such training program
36 may be included as part of an in-service training program provided
37 pursuant to section 10-220a of the general statutes, as amended by this
38 act.

39 (d) Any individual who has received certification in QPR Institute
40 Gatekeeper Training through the training program administered
41 pursuant to subsection (b) of this section may, during the period in
42 which such certification is valid, provide QPR Institute Gatekeeper
43 Training to any member of a group described in subdivisions (1) to (8),
44 inclusive, of subsection (c) of this section and members of the public.

45 (e) The Youth Suicide Advisory Board and the Office of the Child
46 Advocate may contract with a nongovernmental entity that provides
47 evidence-based suicide prevention training to carry out the provisions

48 of this section.

49 Sec. 2. Subsection (a) of section 20-12b of the general statutes is
50 repealed and the following is substituted in lieu thereof (*Effective July 1,*
51 *2021*):

52 (a) The department may, upon receipt of a fee of one hundred ninety
53 dollars, issue a physician assistant license to an applicant who: (1) Holds
54 a baccalaureate or higher degree in any field from a regionally
55 accredited institution of higher education; (2) has graduated from an
56 accredited physician assistant program; (3) has passed the certification
57 examination of the national commission; (4) has satisfied the mandatory
58 continuing medical education requirements of the national commission
59 for current certification by such commission, [and] (5) on and after
60 January 1, 2022, has completed not less than two hours of training or
61 education, approved by the Commissioner of Public Health, on (A)
62 screening for conditions such as post-traumatic stress disorder, risk of
63 suicide, depression and grief, and (B) suicide prevention training,
64 during the first renewal period in which continuing education is
65 required and not less than once every six years thereafter, (6) has passed
66 any examination or continued competency assessment the passage of
67 which may be required by the national commission for maintenance of
68 current certification by such commission; and ~~[(5)]~~ (7) has completed not
69 less than sixty hours of didactic instruction in pharmacology for
70 physician assistant practice approved by the department.

71 Sec. 3. Subsection (a) of section 20-73b of the general statutes is
72 repealed and the following is substituted in lieu thereof (*Effective July 1,*
73 *2021*):

74 (a) Except as otherwise provided in this section, each physical
75 therapist licensed pursuant to this chapter shall complete a minimum of
76 twenty hours of continuing education during each registration period.
77 For purposes of this section, registration period means the twelve-
78 month period for which a license has been renewed in accordance with
79 section 19a-88 and is current and valid. The continuing education shall
80 be in areas related to the individual's practice, except, on and after

81 January 1, 2022, shall include not less than two hours of training or
82 education on (1) screening for conditions such as post-traumatic stress
83 disorder, risk of suicide, depression and grief, and (2) suicide prevention
84 training, during the first registration period in which continuing
85 education is required and not less than once every six years thereafter.
86 Qualifying continuing education activities include, but are not limited
87 to, courses offered or approved by the American Physical Therapy
88 Association or the Commissioner of Public Health or any component of
89 the American Physical Therapy Association, a hospital or other licensed
90 health care institution or a regionally accredited institution of higher
91 education.

92 Sec. 4. Section 20-74h of the general statutes is repealed and the
93 following is substituted in lieu thereof (*Effective July 1, 2021*):

94 Licenses for occupational therapists and occupational therapy
95 assistants issued under this chapter shall be subject to renewal once
96 every two years and shall expire unless renewed in the manner
97 prescribed by regulation upon the payment of two times the
98 professional services fee payable to the State Treasurer for class B as
99 defined in section 33-182l, plus five dollars. The department shall notify
100 any person or entity that fails to comply with the provisions of this
101 section that the person's or entity's license shall become void ninety days
102 after the time for its renewal unless it is so renewed. Any such license
103 shall become void upon the expiration of such ninety-day period. The
104 commissioner shall establish additional requirements for licensure
105 renewal which provide evidence of continued competency, which, on
106 and after January 1, 2022, shall include not less than two hours of
107 training or education, approved by the Commissioner of Public Health,
108 on (1) screening for conditions such as post-traumatic stress disorder,
109 risk of suicide, depression and grief, and (2) suicide prevention training
110 during the first renewal period and not less than once every six years
111 thereafter. The holder of an expired license may apply for and obtain a
112 valid license only upon compliance with all relevant requirements for
113 issuance of a new license. A suspended license is subject to expiration
114 and may be renewed as provided in this section, but such renewal shall

115 not entitle the licensee, while the license remains suspended and until it
116 is reinstated, to engage in the licensed activity, or in any other conduct
117 or activity in violation of the order or judgment by which the license was
118 suspended. If a license revoked on disciplinary grounds is reinstated,
119 the licensee, as a condition of reinstatement, shall pay the renewal fee.

120 Sec. 5. (NEW) (*Effective July 1, 2021*) (a) As used in this section:

121 (1) "Contact hour" means a minimum of fifty minutes of continuing
122 education and activities; and

123 (2) "Registration period" means the one-year period for which a
124 license has been renewed in accordance with section 19a-88 of the
125 general statutes and is current and valid.

126 (b) For registration periods beginning on and after January 1, 2022, a
127 registered nurse licensed pursuant to section 20-93 of the general
128 statutes and a licensed practical nurse licensed pursuant to section 20-
129 96 of the general statutes applying for license renewal shall, during the
130 first renewal period and not less than once every six years thereafter,
131 earn not less than two contact hours of training or education on (1)
132 screening for conditions such as post-traumatic stress disorder, risk of
133 suicide, depression and grief, and (2) suicide prevention training. For
134 purposes of this section, qualifying continuing education activities
135 include, but are not limited to, in-person and online courses offered or
136 approved by the American Nurses Association, Connecticut Hospital
137 Association, Connecticut Nurses Association, Connecticut League for
138 Nursing, a specialty nursing society or an equivalent organization in
139 another jurisdiction, an educational offering sponsored by a hospital or
140 other health care institution or a course offered by a regionally
141 accredited academic institution or a state or local health department.
142 The Commissioner of Public Health may grant a waiver of not more
143 than ten contact hours of continuing education for a registered nurse or
144 licensed practical nurse who: (A) Engages in activities related to such
145 nurse's service as a member of the Connecticut State Board of Examiners
146 for Nursing, established pursuant to section 20-88 of the general
147 statutes; or (B) assists the Department of Health with its duties to boards

148 and commissions as described in section 19a-14 of the general statutes.

149 (c) Each registered nurse and licensed practical nurse applying for
150 license renewal pursuant to section 19a-88 of the general statutes shall
151 sign a statement attesting that he or she has satisfied the continuing
152 education requirements of subsection (b) of this section on a form
153 prescribed by the Department of Public Health. Each licensee shall
154 retain records of attendance or certificates of completion that
155 demonstrate compliance with the continuing education requirements of
156 subsection (b) of this section for a minimum of three years following the
157 year in which the continuing education was completed and shall submit
158 such records or certificates to the department for inspection not later
159 than forty-five days after a request by the department for such records
160 or certificates.

161 Sec. 6. Subsection (a) of section 20-102ee of the general statutes is
162 repealed and the following is substituted in lieu thereof (*Effective July 1,*
163 *2021*):

164 (a) The Commissioner of Public Health shall adopt regulations, in
165 accordance with the provisions of chapter 54, concerning the regulation
166 of nurse's aides. Such regulations shall require a training program for
167 nurse's aides of not less than one hundred hours. Not less than seventy-
168 five of such hours shall include, but not be limited to, basic nursing
169 skills, personal care skills, care of cognitively impaired residents,
170 recognition of mental health and social service needs, basic restorative
171 services and residents' rights. Not less than twenty-five of such hours
172 shall include, but not be limited to, specialized training in
173 understanding and responding to challenging behaviors related to
174 physical, psychiatric, psychosocial and cognitive disorders. On and after
175 January 1, 2022, not less than two of such hours shall include screening
176 for conditions such as (1) post-traumatic stress disorder, risk of suicide,
177 depression and grief, and (2) suicide prevention training from training
178 or education providers approved by the commissioner.

179 Sec. 7. Subsection (b) of section 20-185k of the general statutes is
180 repealed and the following is substituted in lieu thereof (*Effective July 1,*

181 2021):

182 (b) A license issued under this section may be renewed annually. The
183 license shall be renewed in accordance with the provisions of section
184 19a-88, for a fee of one hundred seventy-five dollars. Each behavior
185 analyst applying for license renewal shall furnish evidence satisfactory
186 to the commissioner of (1) having current certification with the Behavior
187 Analyst Certification Board, and (2) on and after January 1, 2022,
188 completing not less than two hours of training or education, approved
189 by the Commissioner of Public Health, on (A) screening for conditions
190 such as post-traumatic stress disorder, risk of suicide, depression and
191 grief, and (B) suicide prevention training during the first renewal period
192 and not less than once every six years thereafter.

193 Sec. 8. Subsection (f) of section 20-195ttt of the general statutes is
194 repealed and the following is substituted in lieu thereof (*Effective July 1,*
195 *2021*):

196 (f) A certification issued under this section may be renewed every
197 three years. The license shall be renewed in accordance with the
198 provisions of section 19a-88 for a fee of one hundred dollars. Each
199 certified community health worker applying for license renewal shall
200 furnish evidence satisfactory to the commissioner of having completed
201 a minimum of thirty hours of continuing education requirements,
202 including two hours focused on cultural competency, systemic racism
203 or systemic oppression, [and] two hours focused on social determinants
204 of health and on and after January 1, 2022, two hours of training on (1)
205 screening for conditions such as post-traumatic stress disorder, risk of
206 suicide, depression and grief, and (2) suicide prevention training,
207 provided by training or education providers approved by the
208 Commissioner of Public Health.

209 Sec. 9. Subsections (d) and (e) of section 20-206mm of the general
210 statutes are repealed and the following is substituted in lieu thereof
211 (*Effective July 1, 2021*):

212 (d) On or after January 1, 2020, each person seeking certification as an

213 emergency medical responder, emergency medical technician or
214 advanced emergency medical technician shall apply to the department
215 on forms prescribed by the commissioner. Applicants for certification
216 shall comply with the following requirements: (1) For initial
217 certification, an applicant shall present evidence satisfactory to the
218 commissioner that the applicant (A) has completed an initial training
219 program consistent with the National Emergency Medical Services
220 Education Standards, as promulgated by the National Highway Traffic
221 Safety Administration for the emergency medical responder, emergency
222 medical technician or advanced emergency medical technician
223 curriculum, (B) has passed the examination administered by the
224 national organization for emergency medical certification for an
225 emergency medical responder, emergency medical technician or
226 advanced emergency medical technician as necessary for the type of
227 certification sought by the applicant or an examination approved by the
228 department, and (C) has no pending disciplinary action or unresolved
229 complaints against such applicant, (2) a certificate issued under this
230 subsection shall be renewed once every two years in accordance with
231 the provisions of section 19a-88 upon presentation of evidence
232 satisfactory to the commissioner that the applicant (A) has successfully
233 completed continuing education for an emergency medical responder,
234 emergency medical technician or advanced emergency medical
235 technician as required by the national organization for emergency
236 medical certification or as approved by the department, (B) on and after
237 January 1, 2022, has completed not less than two hours of training or
238 education, approved by the Commissioner of Public Health, on (i)
239 screening for conditions such as post-traumatic stress disorder, risk of
240 suicide, depression and grief, and (ii) suicide prevention training during
241 the first renewal period and not less than once every six years thereafter,
242 or [(B)] (C) presents a current certification as an emergency medical
243 responder, emergency medical technician or advanced emergency
244 medical technician from the national organization for emergency
245 medical certification, or (3) for certification by endorsement from
246 another state, an applicant shall present evidence satisfactory to the
247 commissioner that the applicant (A) is currently certified as an

248 emergency medical responder, emergency medical technician or
249 advanced emergency medical technician in good standing by a state that
250 maintains certification or licensing requirements that the commissioner
251 determines are equal to or greater than those in this state, or (B) holds a
252 current certification as an emergency medical responder, emergency
253 medical technician or advanced emergency medical technician from the
254 national organization for emergency medical certification.

255 (e) On or after January 1, 2020, each person seeking certification as an
256 emergency medical services instructor shall apply to the department on
257 forms prescribed by the commissioner. Applicants for certification shall
258 comply with the following requirements: (1) For initial certification, an
259 applicant shall present evidence satisfactory to the commissioner that
260 the applicant (A) is currently certified by the department as an
261 emergency medical technician or advanced emergency medical
262 technician or licensed by the department as a paramedic, (B) has
263 completed a program of training as an emergency medical instructor
264 based on current national education standards within the prior two
265 years, (C) has completed twenty-five hours of teaching activity under
266 the supervision of a currently certified emergency medical services
267 instructor, (D) has completed written and practical examinations as
268 prescribed by the commissioner, (E) has no pending disciplinary action
269 or unresolved complaints against the applicant, and (F) effective on a
270 date prescribed by the commissioner, presents documentation
271 satisfactory to the commissioner that the applicant is currently certified
272 as an emergency medical technician, advanced emergency medical
273 technician or paramedic by the national organization for emergency
274 medical certification, or (2) for renewal certification, an applicant shall
275 present evidence satisfactory to the commissioner that the applicant (A)
276 has successfully completed continuing education and teaching activity
277 as required by the department, which, on and after January 1, 2022, shall
278 include not less than two hours of training or education, approved by
279 the Commissioner of Public Health, on (i) screening for conditions such
280 as post-traumatic stress disorder, risk of suicide, depression and grief,
281 and (ii) suicide prevention training, during the first renewal period and
282 not less than once every six years thereafter, (B) maintains current

283 certification by the department as an emergency medical technician,
284 advanced emergency medical technician or licensure by the department
285 as a paramedic, and (C) effective on a date as prescribed by the
286 commissioner, presents documentation satisfactory to the
287 commissioner that the applicant is currently certified as an emergency
288 medical technician, advanced emergency medical technician or
289 paramedic by the national organization for emergency medical
290 certification.

291 Sec. 10. Section 19a-14c of the general statutes is repealed and the
292 following is substituted in lieu thereof (*Effective July 1, 2021*):

293 (a) For the purposes of this section, "outpatient mental health
294 treatment" means the treatment of mental disorders, emotional
295 problems or maladjustments with the object of (1) removing, modifying
296 or retarding existing symptoms; (2) improving disturbed patterns of
297 behavior; and (3) promoting positive personality growth and
298 development. Treatment shall not include prescribing or otherwise
299 dispensing any medication which is a legend drug as defined in section
300 20-571.

301 (b) A psychiatrist licensed pursuant to chapter 370, a psychologist
302 licensed pursuant to chapter 383, an independent social worker certified
303 pursuant to chapter 383b or a marital and family therapist licensed
304 pursuant to chapter 383a may provide outpatient mental health
305 treatment to a minor without the consent or notification of a parent or
306 guardian at the request of the minor if (1) requiring the consent or
307 notification of a parent or guardian would cause the minor to reject such
308 treatment; (2) the provision of such treatment is clinically indicated; (3)
309 the failure to provide such treatment would be seriously detrimental to
310 the minor's well-being; (4) the minor has knowingly and voluntarily
311 sought such treatment; and (5) in the opinion of the provider of
312 treatment, the minor is mature enough to participate in treatment
313 productively. The provider of such treatment shall document the
314 reasons for any determination made to treat a minor without the consent
315 or notification of a parent or guardian and shall include such

316 documentation in the minor's clinical record, along with a written
317 statement signed by the minor stating that (A) [he] the minor is
318 voluntarily seeking such treatment; (B) [he] the minor has discussed
319 with the provider the possibility of involving his or her parent or
320 guardian in the decision to pursue such treatment; (C) [he] the minor
321 has determined it is not in his or her best interest to involve his or her
322 parent or guardian in such decision; and (D) [he] the minor has been
323 given adequate opportunity to ask the provider questions about the
324 course of his or her treatment.

325 (c) [After the sixth session of outpatient mental health treatment
326 provided to a minor pursuant to this section, the provider of such
327 treatment shall notify the minor that the consent, notification or
328 involvement of a parent or guardian is required to continue treatment,
329 unless such a requirement would be seriously detrimental to the minor's
330 well-being. If the provider determines such a requirement would be
331 seriously detrimental to the minor's well-being, he shall document such
332 determination in the minor's clinical record, review such determination
333 every sixth session thereafter and document each such review. If the
334 provider determines such a requirement would no longer be seriously
335 detrimental to the minor's well-being, he shall require the consent,
336 notification or involvement of a parent or guardian as a condition of
337 continuing treatment.] (1) Except as otherwise provided in subdivision
338 (2) of this subsection, a minor may request and receive as many
339 outpatient mental health treatment sessions as necessary without the
340 consent or notification of a parent or guardian. No provider shall notify
341 a parent or guardian of treatment provided pursuant to this section or
342 disclose any information concerning such treatment to a parent or
343 guardian without the consent of the minor.

344 (2) A provider may notify a parent or guardian of treatment provided
345 pursuant to this section or disclose certain information concerning such
346 treatment without the consent of the minor who receives such treatment
347 provided (A) such provider determines such notification or disclosure
348 is necessary for the minor's well-being, (B) the treatment provided to the
349 minor is solely for mental health and not for a substance use disorder,

350 and (C) the minor is provided an opportunity to express any objection
351 to such notification or disclosure. The provider shall document his or
352 her determination concerning such notification or disclosure and any
353 objections expressed by the minor in the minor's clinical record. A
354 provider may disclose to a minor's parent or guardian the following
355 information concerning such minor's outpatient mental health
356 treatment: (i) Diagnosis; (ii) treatment plan and progress in treatment;
357 (iii) recommended medications, including risks, benefits, side effects,
358 typical efficacy, dose and schedule; (iv) psychoeducation about the
359 minor's mental health; (v) referrals to community resources; (vi)
360 coaching on parenting or behavioral management strategies; and (vii)
361 crisis prevention planning and safety planning. A provider shall release
362 a minor's entire clinical record to another provider upon the request of
363 the minor or such minor's parent or guardian.

364 (d) A parent or guardian who is not informed of the provision of
365 outpatient mental health treatment for his or her minor child pursuant
366 to this section shall not be liable for the costs of the treatment provided.

367 Sec. 11. Subsection (a) of section 10-148a of the general statutes is
368 repealed and the following is substituted in lieu thereof (*Effective July 1,*
369 *2021*):

370 (a) For the school year commencing July 1, [2019] 2021, and each
371 school year thereafter, each certified employee shall participate in a
372 program of professional development. Each local and regional board of
373 education shall make available, annually, at no cost to its certified
374 employees, a program of professional development that is not fewer
375 than eighteen hours in length, of which a preponderance is in a small
376 group or individual instructional setting. Such program of professional
377 development shall (1) be a comprehensive, sustained and intensive
378 approach to improving teacher and administrator effectiveness in
379 increasing student knowledge achievement, (2) focus on refining and
380 improving various effective teaching methods that are shared between
381 and among educators, (3) foster collective responsibility for improved
382 student performance, (4) be comprised of professional learning that (A)

383 is aligned with rigorous state student academic achievement standards,
384 (B) is conducted among educators at the school and facilitated by
385 principals, coaches, mentors, distinguished educators, as described in
386 section 10-145s, or other appropriate teachers, (C) occurs frequently on
387 an individual basis or among groups of teachers in a job-embedded
388 process of continuous improvement, and (D) includes a repository of
389 best practices for teaching methods developed by educators within each
390 school that is continuously available to such educators for comment and
391 updating, and (5) include training in culturally responsive pedagogy
392 and practice. Each program of professional development shall include
393 professional development activities in accordance with the provisions
394 of subsection (b) of this section. The principles and practices of social-
395 emotional learning shall be integrated throughout the components of
396 such program of professional development described in subdivisions (1)
397 to (5), inclusive, of this subsection.

398 Sec. 12. Subsection (b) of section 10-220a of the general statutes is
399 repealed and the following is substituted in lieu thereof (*Effective July 1,*
400 *2021*):

401 (b) Not later than a date prescribed by the commissioner, each local
402 and regional board of education shall establish a professional
403 development and evaluation committee. Such professional
404 development and evaluation committee shall consist of (1) at least one
405 teacher, as defined in subsection (a) of section 10-144d, selected by the
406 exclusive bargaining representative for certified employees chosen
407 pursuant to section 10-153b, (2) at least one administrator, as defined in
408 subsection (a) of section 10-144e, selected by the exclusive bargaining
409 representative for certified employees chosen pursuant to section 10-
410 153b, and (3) such other school personnel as the board deems
411 appropriate. The duties of such committees shall include, but not be
412 limited to, participation in the development or adoption of a teacher
413 evaluation and support program for the district, pursuant to section 10-
414 151b, and the development, evaluation and annual updating of a
415 comprehensive local professional development plan for certified
416 employees of the district. Such plan shall: (A) Be directly related to the

417 educational goals prepared by the local or regional board of education
418 pursuant to subsection (b) of section 10-220, as amended by this act, (B)
419 on and after July 1, [2011] 2021, be developed with full consideration of
420 the priorities and needs related to student social-emotional learning, in
421 accordance with the provisions of section 10-148a, as amended by this
422 act, and student academic outcomes as determined by the State Board
423 of Education, [and] (C) provide for the ongoing and systematic
424 assessment and improvement of both teacher evaluation and
425 professional development of the professional staff members of each
426 such board, including personnel management and evaluation training
427 or experience for administrators, [shall] and (D) be related to regular
428 and special student needs and may include provisions concerning
429 career incentives and parent involvement. The State Board of Education
430 shall develop guidelines to assist local and regional boards of education
431 in determining the objectives of the plans and in coordinating staff
432 development activities with student needs and school programs.

433 Sec. 13. Subsection (b) of section 10-220 of the general statutes is
434 repealed and the following is substituted in lieu thereof (*Effective July 1,*
435 *2021*):

436 (b) The board of education of each local or regional school district
437 shall, with the participation of parents, students, school administrators,
438 teachers, citizens, local elected officials and any other individuals or
439 groups such board shall deem appropriate, prepare a statement of
440 educational goals for such local or regional school district. The
441 statement of goals shall be consistent with state-wide goals pursuant to
442 subsection (c) of section 10-4 and include goals for the integration of
443 principles and practices of social-emotional learning in the program of
444 professional development for the school district, in accordance with the
445 provisions of section 10-148a, as amended by this act, and career
446 placement for students who do not pursue an advanced degree
447 immediately after graduation. Each local or regional board of education
448 shall annually establish student objectives for the school year which
449 relate directly to the statement of educational goals prepared pursuant
450 to this subsection and which identify specific expectations for students

451 in terms of skills, knowledge and competence.

452 Sec. 14. Section 10-221 of the general statutes is repealed and the
453 following is substituted in lieu thereof (*Effective July 1, 2021*):

454 (a) As used in this section, "virtual learning" means instruction by
455 means of one or more Internet-based software platforms as part of a
456 remote learning model.

457 ~~[(a)]~~ (b) Boards of education shall prescribe rules for the management,
458 studies, classification and discipline of the public schools and, subject to
459 the control of the State Board of Education, the textbooks to be used;
460 shall make rules for the control, within their respective jurisdictions, of
461 school library media centers, including Internet access and content, and
462 approve the selection of books and other educational media therefor,
463 and shall approve plans for public school buildings and superintend
464 any high or graded school in the manner specified in this title.

465 ~~[(b) Not later than July 1, 1985, each]~~ (c) Each local and regional board
466 of education shall develop, adopt and implement written policies
467 concerning homework, attendance, promotion and retention. The
468 Department of Education shall make available model policies and
469 guidelines to assist local and regional boards of education in meeting
470 the responsibilities enumerated in this subsection.

471 ~~[(c)]~~ (d) Boards of education may prescribe rules to impose sanctions
472 against pupils who damage or fail to return textbooks, library materials
473 or other educational materials. Said boards may charge pupils for such
474 damaged or lost textbooks, library materials or other educational
475 materials and may withhold grades, transcripts or report cards until the
476 pupil pays for or returns the textbook, library book or other educational
477 material.

478 ~~[(d) Not later than July 1, 1991, each]~~ (e) Each local and regional board
479 of education shall develop, adopt and implement policies and
480 procedures in conformity with section 10-154a for (1) dealing with the
481 use, sale or possession of alcohol or controlled drugs, as defined in

482 subdivision (8) of section 21a-240, by public school students on school
483 property, including a process for coordination with, and referral of such
484 students to, appropriate agencies, and (2) cooperating with law
485 enforcement officials.

486 [(e) Not later than July 1, 1990, each] (f) Each local and regional board
487 of education shall adopt a written policy and procedures for dealing
488 with youth suicide prevention and youth suicide attempts. Each such
489 board of education may establish a student assistance program to
490 identify risk factors for youth suicide, procedures to intervene with such
491 youths, referral services and training for teachers and other school
492 professionals and students who provide assistance in the program.

493 [(f) Not later than September 1, 1998, each] (g) (1) Each local and
494 regional board of education shall develop, adopt and implement written
495 policies and procedures to encourage parent-teacher communication.
496 These policies and procedures may include monthly newsletters,
497 required regular contact with all parents, flexible parent-teacher
498 conferences, drop-in hours for parents, home visits and the use of
499 technology such as homework hot lines to allow parents to check on
500 their children's assignments and students to [get] receive assistance if
501 needed. [For the school year commencing July 1, 2010, and each school
502 year thereafter, such] Such policies and procedures shall require the
503 district to conduct two flexible parent-teacher conferences for each
504 school year.

505 (2) For the school year commencing July 1, 2021, and each school year
506 thereafter, the policies and procedures described in subdivision (1) of
507 this subsection shall require the district to (A) offer parents the option
508 of attending any parent-teacher conference by telephonic, video or other
509 conferencing platform, (B) conduct one parent-teacher conference, in
510 addition to those required pursuant to subdivision (1) of this subsection,
511 during periods when such district provides virtual learning for more
512 than three consecutive weeks, and one additional parent-teacher
513 conference every six months thereafter for the duration of such period
514 of virtual learning, and (C) request from each student's parent the name

515 and contact information of an emergency contact person who may be
516 contacted if the student's parent cannot be reached to schedule a parent-
517 teacher conference required pursuant to subparagraph (B) of this
518 subdivision.

519 (3) On and after January 1, 2022, such policies and procedures shall
520 require (A) a teacher conducting a parent-teacher conference required
521 pursuant to subparagraph (B) of subdivision (2) of this subsection to
522 provide a copy of the document developed pursuant to section 15 of this
523 act to the parent prior to the parent-teacher conference, and (B) if a
524 teacher is unable to make contact with a student's parent in order to
525 schedule a parent-teacher conference required pursuant to
526 subparagraph (B) of subdivision (2) of this subsection after making three
527 attempts, such teacher shall report such inability to the school principal,
528 school counselor or other school administrator designated by the local
529 or regional board of education. Such principal, counselor or
530 administrator shall contact any emergency contact person designated by
531 the student's parent pursuant to subparagraph (C) of subdivision (2) of
532 this subsection to ascertain such student's and family's health and
533 safety.

534 Sec. 15. (NEW) (*Effective from passage*) Not later than December 1,
535 2021, the Department of Education shall develop, and annually update,
536 a document for use by local and regional boards of education that
537 provides information concerning educational, safety, mental health and
538 food insecurity resources and programs available for students and their
539 families. Such document shall contain, but need not be limited to, (1)
540 providers of such resources and programs, including, but not limited to,
541 the Departments of Education, Children and Families and Mental
542 Health and Addiction Services, the United Way of Connecticut and local
543 food banks, (2) descriptions of the relevant resources and programs
544 offered by each provider, including, but not limited to, (A) the "Talk it
545 Out" program administered by the Department of Children and
546 Families, and (B) any program that provides laptop computers, public
547 Internet access or home Internet service to students, (3) contact
548 information for each provider, resource and program, and (4) relevant

549 Internet web sites. The Department of Education shall annually
550 distribute such document electronically to each local and regional board
551 of education.

552 Sec. 16. (NEW) (*Effective from passage*) (a) As used in this section,
553 "virtual learning" means instruction by means of one or more Internet-
554 based software platforms as part of a remote learning model.

555 (b) Not later than January 1, 2022, the Commissioner of Education
556 shall develop, and update as necessary, standards for virtual learning.
557 The standards shall not be deemed to be regulations, as defined in
558 section 4-166 of the general statutes.

559 (c) For the school year commencing July 1, 2022, and each school year
560 thereafter, a local or regional board of education may authorize virtual
561 learning for students in grades nine to twelve, inclusive, provided such
562 board (1) provides such instruction in compliance with the standards
563 developed pursuant to subsection (b) of this section, and (2) adopts a
564 policy regarding the requirements for student attendance during virtual
565 learning, which shall (A) be in compliance with the Department of
566 Education's guidance on student attendance during virtual learning,
567 and (B) count the attendance of any student who spends not less than
568 one-half of the school day during such instruction engaged in (i) virtual
569 classes, (ii) virtual meetings, (iii) activities on time-logged electronic
570 systems, and (iv) the completion and submission of assignments.

571 Sec. 17. Section 10-16 of the general statutes is repealed and the
572 following is substituted in lieu thereof (*Effective July 1, 2021*):

573 Each school district shall provide in each school year no less than one
574 hundred and eighty days of actual school sessions for grades
575 kindergarten to twelve, inclusive, nine hundred hours of actual school
576 work for full-day kindergarten and grades one to twelve, inclusive, and
577 four hundred and fifty hours of half-day kindergarten, provided school
578 districts shall not count more than seven hours of actual school work in
579 any school day towards the total required for the school year. Virtual
580 learning shall be considered an actual school session for purposes of this

581 section, provided that, on and after January 1, 2022, such virtual
582 learning is conducted in compliance with the standards developed
583 pursuant to subsection (b) of section 16 of this act. If weather conditions
584 result in an early dismissal or a delayed opening of school, a school
585 district which maintains separate morning and afternoon half-day
586 kindergarten sessions may provide either a morning or afternoon half-
587 day kindergarten session on such day. As used in this section, "virtual
588 learning" means instruction by means of one or more Internet-based
589 software platforms as part of a remote learning model.

590 Sec. 18. Section 10-198b of the general statutes is repealed and the
591 following is substituted in lieu thereof (*Effective from passage*):

592 [On or before July 1, 2012, the] The State Board of Education shall
593 define "excused absence", [and] "unexcused absence" [, and on or before
594 January 1, 2016, the State Board of Education shall define] and
595 "disciplinary absence" for use by local and regional boards of education
596 for the purposes of carrying out the provisions of section 10-198a,
597 reporting truancy, pursuant to subsection (c) of section 10-220, and
598 calculating the district chronic absenteeism rate and the school chronic
599 absenteeism rate pursuant to section 10-198c. On or before July 1, 2021,
600 the State Board of Education shall amend the definitions of "excused
601 absence" and "unexcused absence" to exclude a student's (1) (A)
602 engagement in virtual classes, (B) virtual meetings, (C) activities on
603 time-logged electronic systems, and (D) completion and submission of
604 assignments, if such engagement accounts for not less than one-half of
605 the school day during virtual learning authorized pursuant to section 16
606 of this act, and (2) absence resulting from such student taking a mental
607 health wellness day permitted pursuant to section 19 of this act. As used
608 in this section, "virtual learning" means instruction by means of one or
609 more Internet-based software platforms as part of a remote learning
610 model.

611 Sec. 19. (NEW) (*Effective July 1, 2021*) (a) As used in this section and
612 section 10-198b of the general statutes, as amended by this act, "mental
613 health wellness day" describes a school day during which a student

614 attends to such student's emotional and psychological well-being in lieu
615 of attending school.

616 (b) For the school year commencing July 1, 2021, and each school year
617 thereafter, a local or regional board of education shall permit any
618 student enrolled in grades kindergarten to twelve, inclusive, to take up
619 to four mental health wellness days during the school year, during
620 which day such student shall not be required to attend school. A student
621 shall not be required to present documentation or parental or guardian
622 consent to take a mental health wellness day, but, for purposes of the
623 school year limitation on such days pursuant to this subsection, shall
624 identify his or her absence as a mental health wellness day.

625 Sec. 20. Section 10-215 of the general statutes is repealed and the
626 following is substituted in lieu thereof (*Effective July 1, 2021*):

627 (a) Any local or regional board of education may establish and
628 operate a school lunch program for public school children, may operate
629 lunch services for its employees, may establish and operate a school
630 breakfast program, as provided under federal laws governing said
631 programs, or may establish and operate such other child feeding
632 programs as it deems necessary. Charges for such lunches, breakfasts or
633 other such feeding may be fixed by such boards and shall not exceed the
634 cost of food, wages and other expenses directly incurred in providing
635 such services. When such services are offered, a board shall provide free
636 lunches, breakfasts or other such feeding to children whose economic
637 needs require such action under the standards promulgated by said
638 federal laws. Such board is authorized to purchase equipment and
639 supplies that are necessary, to employ the necessary personnel, to utilize
640 the services of volunteers and to receive and expend any funds and
641 receive and use any equipment and supplies which may become
642 available to carry out the provisions of this section. Any town board of
643 education may vote to designate any volunteer organization within the
644 town to provide a school lunch program, school breakfast program or
645 other child feeding program in accordance with the provisions of this
646 section.

647 (b) For the school year commencing July 1, 2021, and each school year
648 thereafter, a local or regional board of education shall include in any
649 policy or procedure for the collection of unpaid charges for school
650 lunches, breakfasts or other such feeding (1) a prohibition on publicly
651 identifying or shaming a child for any such unpaid charges, including,
652 but not limited to, delaying or refusing to serve a meal to such child,
653 designating a specific meal option for such child or otherwise taking any
654 disciplinary action against such child, (2) a declaration of the right for
655 any child to purchase a meal, which meal may exclude any a la carte
656 items or be limited to one meal for any school lunch, breakfast or other
657 such feeding, and (3) a procedure for communicating with the parent or
658 legal guardian of a child for the purpose of collecting such unpaid
659 charges. Such communication shall include, but not be limited to, (A)
660 information regarding local food pantries, (B) applications for the school
661 district's program for free or reduced priced meals and for the
662 supplemental nutrition assistance program administered by the
663 Department of Social Services, and (C) a link to the Internet web site
664 maintained by the town for such school district listing any community
665 services available to the residents of such town.

666 (c) A local or regional board of education may accept gifts, donations
667 or grants from any public or private sources for the purpose of paying
668 off any unpaid charges for school lunches, breakfasts or other such
669 feeding.

670 Sec. 21. Section 17a-10a of the general statutes is repealed and the
671 following is substituted in lieu thereof (*Effective July 1, 2021*):

672 (a) The Commissioner of Children and Families shall ensure that a
673 child placed in the care and custody of the commissioner pursuant to an
674 order of temporary custody or an order of commitment is provided
675 visitation with such child's parents and siblings, unless otherwise
676 ordered by the court. In the event of a pandemic or outbreak of a
677 communicable disease resulting in a declaration of a public health
678 emergency by the Governor pursuant to section 19a-131a, or a
679 declaration of a national emergency by the President of the United

680 States, such child shall be provided opportunities to communicate with
681 such child's parents and siblings by telephonic, video or other
682 conferencing platform in lieu of in-person visitation, for the duration of
683 any such declaration.

684 (b) The commissioner shall ensure that such child's visits with his or
685 her parents, or opportunities to communicate with such child's parents
686 and siblings by telephonic, video or other conferencing platform in
687 accordance with the provisions of subsection (a) of this section, shall
688 occur as frequently as reasonably possible, based upon consideration of
689 the best interests of the child, including the age and developmental level
690 of the child, and shall be sufficient in number and duration to ensure
691 continuation of the relationship.

692 (c) If such child has an existing relationship with a sibling and is
693 separated from such sibling as a result of intervention by the
694 commissioner including, but not limited to, placement in a foster home
695 or in the home of a relative, the commissioner shall, based upon
696 consideration of the best interests of the child, ensure that such child has
697 access to and visitation rights with such sibling throughout the duration
698 of such placement. In determining the number, frequency and duration
699 of sibling visits, the commissioner shall consider the best interests of
700 each sibling, given each child's age and developmental level and the
701 continuation of the sibling relationship. If the child and his or her sibling
702 both reside within the state and within fifty miles of each other, the
703 commissioner shall, within available appropriations, ensure that such
704 child's visits with his or her sibling occur, on average, not less than once
705 per week, unless the commissioner finds that the frequency of such
706 visitation is not in the best interests of each sibling.

707 (d) Not later than January 1, 2022, the commissioner shall develop a
708 policy that requires the temporary cessation of in-person visitation
709 provided pursuant to this section, on a case-by-case basis, in the event
710 that a child or such child's parent or sibling is seriously ill due to a
711 communicable disease, and visitation could result in the contraction of
712 such disease by one or more participants in the visitation. Such policy

713 shall require that such child be provided an opportunity to
714 communicate with such child's parents and siblings by telephonic, video
715 or other conferencing platform in lieu of such visitation. The
716 commissioner shall define "seriously ill" and "communicable disease"
717 for the purposes of carrying out this subsection.

718 [(d)] (e) The commissioner shall include in each child's case record
719 information relating to the factors considered in making visitation
720 determinations pursuant to this section. If the commissioner determines
721 that such visits are not in the best interests of the child, that the
722 occurrence of, on average, not less than one visit per week with his or
723 her sibling is not in the best interests of each sibling, or that the number,
724 frequency or duration of the visits requested by the child's attorney or
725 guardian ad litem is not in the best interests of the child, the
726 commissioner shall include the reasons for such determination in the
727 child's case record.

728 [(e)] (f) On or before October first of each year, the commissioner shall
729 report, in accordance with the provisions of section 11-4a, to the joint
730 standing committee of the General Assembly having cognizance of
731 matters relating to children, data sufficient to demonstrate compliance
732 with subsections (a), (c) and [(d)] (e) of this section. Such data shall
733 include the total annual number of children in out-of-home placements
734 who have siblings, the total number of child cases with documented
735 sibling visitation and the number of individual siblings involved in each
736 case.

737 Sec. 22. Section 17a-103a of the general statutes is repealed and the
738 following is substituted in lieu thereof (*Effective July 1, 2021*):

739 (a) The Commissioner of Children and Families shall establish and
740 operate the telephone Careline for child abuse and neglect that shall be
741 dedicated to receive reports of child abuse or neglect and to provide
742 information concerning child abuse or neglect. The Careline shall accept
743 all reports of child abuse or neglect regardless of the relationship of the
744 alleged perpetrator to the child who is the alleged victim and regardless
745 of the alleged perpetrator's affiliation with any organization or other

746 entity in any capacity. The commissioner shall classify and evaluate all
747 reports pursuant to the provisions of section 17a-101g.

748 (b) Not later than July 1, 2022, the Commissioner of Children and
749 Families shall expand the operation of the telephone Careline to
750 accommodate the receipt and provision of information concerning child
751 abuse or neglect by text message or mobile telephone application. Such
752 expanded operation shall be monitored twenty-four hours per day and
753 seven days per week by the Department of Children and Families.

754 Sec. 23. (NEW) (*Effective July 1, 2021*) If the Commissioner of Children
755 and Families, or the commissioner's designee, has authorized the
756 immediate removal of a child from such child's home pursuant to
757 subsection (e) of section 17a-101g of the general statutes, or is
758 considering removing a child from such child's home, the commissioner
759 shall provide written notice to the parent or guardian of such child. Such
760 notice shall be in the parent or guardian's primary language, and
761 contain (1) the date, time and location of any removal meeting the
762 commissioner has scheduled, (2) a plain language explanation of the
763 removal process, steps the commissioner intends to take and legal rights
764 of the parent or guardian, (3) a list of local organizations that provide
765 free or reduced-cost legal services and how to access such services, and
766 (4) a check box for such parent or guardian to request the services of an
767 interpreter at any such meeting. Such notice shall be provided as soon
768 as is practicable prior to the date of any removal meeting, or, if
769 immediate removal was authorized, not later than twenty-four hours
770 after such removal. The commissioner shall obtain the signature of such
771 parent or guardian acknowledging receipt of such notice and provide
772 the services of an interpreter at any such meeting for which an
773 interpreter has been requested by such parent or guardian.

774 Sec. 24. Section 17a-248g of the general statutes is repealed and the
775 following is substituted in lieu thereof (*Effective July 1, 2022*):

776 (a) Subject to the provisions of this section, funds appropriated to the
777 lead agency for purposes of section 17a-248, sections 17a-248b to 17a-
778 248f, inclusive, this section and sections 38a-490a and 38a-516a shall not

779 be used to satisfy a financial commitment for services that would have
780 been paid from another public or private source but for the enactment
781 of said sections, except for federal funds available pursuant to Part C of
782 the Individuals with Disabilities Education Act, 20 USC 1431 et seq.,
783 except that whenever considered necessary to prevent the delay in the
784 receipt of appropriate early intervention services by the eligible child or
785 family in a timely fashion, funds provided under said sections may be
786 used to pay the service provider pending reimbursement from the
787 public or private source that has ultimate responsibility for the payment.

788 (b) Nothing in section 17a-248, sections 17a-248b to 17a-248f,
789 inclusive, this section and sections 38a-490a and 38a-516a shall be
790 construed to permit the Department of Social Services or any other state
791 agency to reduce medical assistance pursuant to this chapter or other
792 assistance or services available to eligible children. Notwithstanding
793 any provision of the general statutes, costs incurred for early
794 intervention services that otherwise qualify as medical assistance that
795 are furnished to an eligible child who is also eligible for benefits
796 pursuant to this chapter shall be considered medical assistance for
797 purposes of payments to providers and state reimbursement to the
798 extent that federal financial participation is available for such services.

799 (c) Providers of early intervention services shall, in the first instance
800 and where applicable, seek payment from all third-party payers prior to
801 claiming payment from the birth-to-three system for services rendered
802 to eligible children, provided, for the purpose of seeking payment from
803 the Medicaid program or from other third-party payers as agreed upon
804 by the provider, the obligation to seek payment shall not apply to a
805 payment from a third-party payer who is not prohibited from applying
806 such payment, and who will apply such payment, to an annual or
807 lifetime limit specified in the third-party payer's policy or contract.

808 (d) The commissioner, in consultation with the Office of Policy and
809 Management and the Insurance Commissioner, shall adopt regulations,
810 pursuant to chapter 54, providing public reimbursement for deductibles
811 and copayments imposed under an insurance policy or health benefit

812 plan to the extent that such deductibles and copayments are applicable
813 to early intervention services.

814 (e) [The commissioner shall establish and periodically revise, in
815 accordance with this section, a schedule of fees based on a sliding scale
816 for early intervention services. The schedule of fees shall consider the
817 cost of such services relative to the financial resources of the state and
818 the parents or legal guardians of eligible children, provided that on and
819 after October 6, 2009, the commissioner shall (1) charge fees to such
820 parents or legal guardians that are sixty per cent greater than the
821 amount of the fees charged on the date prior to October 6, 2009; and (2)
822 charge fees for all services provided, including those services provided
823 in the first two months following the enrollment of a child in the
824 program. Fees may be charged to any such parent or guardian,
825 regardless of income, and shall be charged to any such parent or
826 guardian with a gross annual family income of forty-five thousand
827 dollars or more, except that no fee may be charged to the parent or
828 guardian of a child who is eligible for Medicaid. Notwithstanding the
829 provisions of subdivision (8) of section 17a-248, as used in this
830 subsection, "parent" means the biological or adoptive parent or legal
831 guardian of any child receiving early intervention services. The lead
832 agency may assign its right to collect fees to a designee or provider
833 participating in the early intervention program and providing services
834 to a recipient in order to assist the provider in obtaining payment for
835 such services. The commissioner may implement procedures for the
836 collection of the schedule of fees while in the process of adopting or
837 amending such criteria in regulation, provided the commissioner posts
838 notice of intention to adopt or amend the regulations on the
839 eRegulations System, established pursuant to section 4-173b, within
840 twenty days of implementing the policy. Such collection procedures and
841 schedule of fees shall be valid until the time the final regulations or
842 amendments are effective] The commissioner shall not charge a fee for
843 early intervention services to the parents or legal guardians of eligible
844 children.

845 (f) [The] With respect to early intervention services rendered prior to

846 July 1, 2022, the commissioner shall develop and implement procedures
847 to hold a recipient harmless for the impact of pursuit of payment for
848 [early intervention] such services against lifetime insurance limits.

849 (g) Notwithstanding any provision of title 38a relating to the
850 permissible exclusion of payments for services under governmental
851 programs, no such exclusion shall apply with respect to payments made
852 pursuant to section 17a-248, sections 17a-248b to 17a-248f, inclusive, this
853 section and sections 38a-490a and 38a-516a. Except as provided in this
854 subsection, nothing in this section shall increase or enhance coverages
855 provided for within an insurance contract subject to the provisions of
856 section 10-94f, subsection (a) of section 10-94g, subsection (a) of section
857 17a-219b, subsection (a) of section 17a-219c, sections 17a-248, 17a-248b
858 to 17a-248f, inclusive, this section, and sections 38a-490a and 38a-516a.

859 Sec. 25. Subdivision (10) of subsection (a) of section 10-76d of the
860 general statutes is repealed and the following is substituted in lieu
861 thereof (*Effective July 1, 2021*):

862 (10) (A) Each local and regional board of education responsible for
863 providing special education and related services to a child or pupil shall
864 notify the parent or guardian of a child who requires or who may
865 require special education, a pupil if such pupil is an emancipated minor
866 or eighteen years of age or older who requires or who may require
867 special education or a surrogate parent appointed pursuant to section
868 10-94g, in writing, at least five school days before such board proposes
869 to, or refuses to, initiate or change the child's or pupil's identification,
870 evaluation or educational placement or the provision of a free
871 appropriate public education to the child or pupil.

872 (B) Upon request by a parent, guardian, pupil or surrogate parent,
873 the responsible local or regional board of education shall provide such
874 parent, guardian, pupil or surrogate parent an opportunity to meet with
875 a member of the planning and placement team designated by such
876 board prior to the referral planning and placement team meeting at
877 which the assessments and evaluations of the child or pupil who
878 requires or may require special education is presented to such parent,

879 guardian, pupil or surrogate parent for the first time. Such meeting shall
880 be for the sole purpose of discussing the planning and placement team
881 process and any concerns such parent, guardian, pupil or surrogate
882 parent has regarding the child or pupil who requires or may require
883 special education.

884 (C) Such parent, guardian, pupil or surrogate parent shall (i) be given
885 at least five school days' prior notice of any planning and placement
886 team meeting conducted for such child or pupil, (ii) have the right to be
887 present at and participate in all portions of such meeting at which an
888 educational program for such child or pupil is developed, reviewed or
889 revised, [and] (iii) have the right to have (I) advisors of such person's
890 own choosing and at such person's own expense, [and to have] (II) the
891 school paraprofessional assigned to such child or pupil, if any, [to be
892 present at and to] and (III) such child or pupil's birth-to-three service
893 coordinator, if any, attend and participate in all portions of such meeting
894 at which an educational program for such child or pupil is developed,
895 reviewed or revised, and (iv) have the right to have each
896 recommendation made in such child or pupil's birth-to-three
897 individualized transition plan, as required by section 17a-248e, as
898 amended by this act, if any, addressed by the planning and placement
899 team during such meeting at which an educational program for such
900 child or pupil is developed.

901 (D) Immediately upon the formal identification of any child as a child
902 requiring special education and at each planning and placement team
903 meeting for such child, the responsible local or regional board of
904 education shall inform the parent or guardian of such child or surrogate
905 parent or, in the case of a pupil who is an emancipated minor or eighteen
906 years of age or older, the pupil of (i) the laws relating to special
907 education, (ii) the rights of such parent, guardian, surrogate parent or
908 pupil under such laws and the regulations adopted by the State Board
909 of Education relating to special education, including the right of a
910 parent, guardian or surrogate parent to (I) withhold from enrolling such
911 child in kindergarten, in accordance with the provisions of section 10-
912 184, and (II) have advisors and the school paraprofessional assigned to

913 such child or pupil [to be present at, and to] attend and participate in [,]
914 all portions of such meeting at which an educational program for such
915 child or pupil is developed, reviewed or revised, in accordance with the
916 provisions of subparagraph (C) of this subdivision, and (iii) any relevant
917 information and resources relating to individualized education
918 programs created by the Department of Education, including, but not
919 limited to, information relating to transition resources and services for
920 high school students. If such parent, guardian, surrogate parent or pupil
921 does not attend a planning and placement team meeting, the responsible
922 local or regional board of education shall mail such information to such
923 person.

924 (E) Each local and regional board of education shall have in effect at
925 the beginning of each school year an educational program for each child
926 or pupil who has been identified as eligible for special education.

927 (F) At each initial planning and placement team meeting for a child
928 or pupil, the responsible local or regional board of education shall
929 inform the parent, guardian, surrogate parent or pupil of (i) the laws
930 relating to physical restraint and seclusion pursuant to section 10-236b
931 and the rights of such parent, guardian, surrogate parent or pupil under
932 such laws and the regulations adopted by the State Board of Education
933 relating to physical restraint and seclusion, and (ii) the right of such
934 parent, guardian, surrogate parent or pupil, during such meeting at
935 which an educational program for such child or pupil is developed, to
936 have (I) such child or pupil's birth-to-three service coordinator attend
937 and participate in all portions of such meeting, and (II) each
938 recommendation made in the transition plan, as required by section 17a-
939 248e, as amended by this act, by such child or pupil's birth-to-three
940 service coordinator addressed by the planning and placement team.

941 (G) Upon request by a parent, guardian, pupil or surrogate parent,
942 the responsible local or regional board of education shall provide the
943 results of the assessments and evaluations used in the determination of
944 eligibility for special education for a child or pupil to such parent,
945 guardian, surrogate parent or pupil at least three school days before the

946 referral planning and placement team meeting at which such results of
947 the assessments and evaluations will be discussed for the first time.

948 Sec. 26. Subsection (i) of section 10-76d of the general statutes is
949 repealed and the following is substituted in lieu thereof (*Effective July 1,*
950 *2021*):

951 (i) (1) No local or regional board of education shall discipline,
952 suspend, terminate or otherwise punish any member of a planning and
953 placement team employed by such board who discusses or makes
954 recommendations concerning the provision of special education and
955 related services for a child during a planning and placement team
956 meeting for such child.

957 (2) No birth-to-three service coordinator or qualified personnel, as
958 those terms are defined in section 17a-248, who discusses or makes
959 recommendations concerning the provision of special education and
960 related services for a child during a planning and placement team
961 meeting for such child or in a transition plan, as required by section 17a-
962 248e, as amended by this act, shall be subject to discipline, suspension,
963 termination or other punishment on the basis of such recommendations.

964 Sec. 27. Section 17a-248e of the general statutes is repealed and the
965 following is substituted in lieu thereof (*Effective July 1, 2021*):

966 (a) Each eligible child and his or her family shall receive (1) a
967 multidisciplinary assessment of the child's unique needs and the
968 identification of services appropriate to meet such needs, (2) a written
969 individualized family service plan developed by a multidisciplinary
970 team, including the parent, within forty-five days after the referral,
971 [and] (3) review of the individualized family service plan with the
972 family at least every six months, with evaluation of the individualized
973 family service plan at least annually, and (4) if the child is ineligible for
974 participation in preschool programs under Part B of the Individuals
975 with Disabilities Act, 20 USC 1471 et seq., a screening for developmental
976 and social-emotional delays using validated assessment tools, such as
977 the Ages and Stages Questionnaire and the Ages and Stages Social-

978 Emotional Questionnaire, or their equivalents.

979 (b) The individualized family service plan shall be in writing and
980 contain: (1) A statement of the child's present level of physical
981 development, cognitive development, language and speech
982 development and self-help skills, based on acceptable objective criteria;
983 (2) a statement of the family's priority, resources and concerns relating
984 to enhancing the development of the eligible child; (3) a statement of the
985 major outcomes expected to be achieved for the child and the family and
986 the criteria, procedures and timelines used to determine the degree to
987 which progress toward achieving the outcomes are being made, and
988 whether modifications or revisions of the outcomes are necessary; (4) a
989 statement of specific early intervention services necessary to meet the
990 unique needs of the eligible child and the family, including the
991 frequency, intensity and the method of delivering services; (5) a
992 statement of the natural environments in which the services shall be
993 provided; (6) the projected dates for initiation of services and the
994 anticipated duration of such services; (7) the name of the approved
995 comprehensive service provider that will provide or procure the
996 services specified in the individualized family service plan; (8) the name
997 of the individual service coordinator from the profession most
998 immediately relevant to the eligible child's or the family's needs who
999 will be responsible for the implementation of the plan and coordination
1000 with the other agencies and providers or an otherwise qualified
1001 provider selected by a parent; and (9) the steps to be taken to support
1002 the transition of the child who is eligible for participation in preschool
1003 programs under Part B of the Individuals with Disabilities Act, 20 USC
1004 1471 et seq., as appropriate.

1005 (c) The individualized family service plan shall be signed by the
1006 child's pediatrician or a primary care provider or qualified personnel, as
1007 those terms are defined in section 17a-248.

1008 (d) The lead agency may provide early intervention services, arrange
1009 for the delivery of early intervention services by participating agencies
1010 or contract with providers to deliver early intervention services to

1011 eligible children and the families of such children. The lead agency in
1012 providing, arranging or contracting for early intervention services shall
1013 monitor all birth-to-three service providers for quality and
1014 accountability in accordance with Section 616 of the Individuals with
1015 Disabilities Education Act, 20 USC 1416 and establish state-wide rates
1016 for such services.

1017 Sec. 28. (NEW) (*Effective July 1, 2021*) Not later than July 1, 2022, the
1018 Commissioner of Early Childhood shall develop and implement a plan
1019 to expand the birth-to-three program, established pursuant to section
1020 17a-248b of the general statutes, as amended by this act, to provide early
1021 intervention services to any child who is (1) enrolled in the program, (2)
1022 turns three years of age on or after May 1 and not later than the first day
1023 of the next school year commencing July 1, and (3) is eligible for
1024 participation in preschool programs under Part B of the Individuals
1025 with Disabilities Act, 20 USC 1471 et seq., provided such services shall
1026 terminate upon such child's participation in such a preschool program.
1027 The commissioner may adopt regulations in accordance with chapter 54
1028 of the general statutes to implement the provisions of this section.

1029 Sec. 29. (NEW) (*Effective July 1, 2021*) For the school year commencing
1030 July 1, 2022, and each school year thereafter, in any school district that
1031 serves a town that has not convened or established a local or regional
1032 school readiness council pursuant to section 10-16r of the general
1033 statutes, the local or regional board of education for such school district
1034 shall designate a school readiness liaison. Such liaison shall (1) be an
1035 existing employee of such school district, and (2) serve as an
1036 informational resource for parents of children transitioning from the
1037 birth-to-three program established pursuant to section 17a-248b of the
1038 general statutes, to enrollment in a public elementary school in such
1039 school district.

1040 Sec. 30. (*Effective from passage*) (a) As used in this section, (1) "adverse
1041 childhood experience" means a potentially traumatic event occurring in
1042 childhood, including, but not limited to, (A) experiencing or witnessing
1043 violence, abuse, neglect, a substance abuse disorder, a suicide attempt

1044 or death by suicide, or (B) experiencing instability due to parental
1045 separation or incarceration, and (2) "participating municipalities" means
1046 the municipalities of Bridgeport, Cheshire, East Hartford, Killingworth,
1047 Orange and South Windsor.

1048 (b) The Department of Education shall establish an adverse
1049 childhood experience survey pilot program to be administered in
1050 participating municipalities. Such pilot program shall be for the purpose
1051 of collecting data concerning adverse childhood experiences suffered by
1052 students in grades four to twelve, inclusive, enrolled in public schools
1053 in participating municipalities.

1054 (c) Not later than October 1, 2021, the Department of Education shall
1055 develop a survey that requires the student taking the survey to indicate
1056 whether the student has witnessed or experienced one or more
1057 potentially traumatic events, including, but not limited to, (1) violence,
1058 abuse, neglect, a substance abuse disorder, a suicide attempt or death
1059 by suicide, or (2) instability due to parental separation or incarceration.
1060 The survey shall (A) be tailored to the developmental stages of the
1061 students administered the survey, and (B) not include any personally
1062 identifying information.

1063 (d) Not later than August 1, 2022, the Department of Education shall
1064 require each public school enrolling students in grades four to twelve,
1065 inclusive, in participating municipalities to administer the survey
1066 developed pursuant to subsection (c) of this section, and report the
1067 results of the survey to the department in a form and manner prescribed
1068 by the department. Such report shall (1) include, but not be limited to,
1069 the number of students in each grade who have suffered each type of
1070 potentially traumatic event, and (2) not include any data concerning the
1071 number or types of potentially traumatic events suffered by any one
1072 student.

1073 (e) Not later than December 1, 2022, the Department of Education
1074 shall submit a report, in accordance with the provisions of section 11-4a
1075 of the general statutes, to the joint standing committee of the General
1076 Assembly having cognizance of matters relating to children. Such report

1077 shall include a summary of the number of students in each grade in each
1078 participating municipality who have suffered each type of potentially
1079 traumatic event.

1080 Sec. 31. (*Effective from passage*) (a) There is established a task force to
1081 study the comprehensive needs of children in the state and the extent to
1082 which such needs are being met by educators, community members and
1083 local and state agencies. The task force shall (1) assess the needs of
1084 children using the following tenets of the whole child initiative
1085 developed by the Association for Supervision and Curriculum
1086 Development: (A) Each student enters school healthy and learns about
1087 and practices a healthy lifestyle, (B) each student learns in an
1088 environment that is physically and emotionally safe for students and
1089 adults, (C) each student is actively engaged in learning and is connected
1090 to the school and broader community, (D) each student has access to
1091 personalized learning and is supported by qualified, caring adults, and
1092 (E) each student is challenged academically and prepared for success in
1093 college or further study and for employment and participation in a
1094 global environment; (2) recommend new programs or changes to
1095 existing programs operated by educators or local or state agencies to
1096 better address the needs of children in the state; and (3) recognize any
1097 exceptional efforts to meet the comprehensive needs of children by
1098 educators, community members or local or state agencies. As used in
1099 this section, "community member" means any individual or private
1100 organization that provides services or programs for children.

1101 (b) The task force shall consist of the following members:

1102 (1) Two appointed by the speaker of the House of Representatives,
1103 one of whom is an educator employed by a local or regional board of
1104 education and one of whom is a social worker licensed pursuant to
1105 chapter 383b of the general statutes who works with children;

1106 (2) Two appointed by the president pro tempore of the Senate, one of
1107 whom is a representative of the board of directors of the Association for
1108 Supervision and Curriculum Development affiliate in the state and one
1109 of whom is representative of an institution of higher education in the

1110 state;

1111 (3) One appointed by the majority leader of the House of
1112 Representatives, who is a school administrator employed by a local or
1113 regional board of education;

1114 (4) One appointed by the majority leader of the Senate, who is a
1115 chairperson of a local or regional board of education;

1116 (5) One appointed by the minority leader of the House of
1117 Representatives, who is a director or employee of a private nonprofit
1118 organization in the state that provides services or programs for children;

1119 (6) One appointed by the minority leader of the Senate, who is a
1120 director or employee of a private nonprofit organization in the state that
1121 provides health-related services or programs for children;

1122 (7) The Commissioner of Education, or the commissioner's designee;

1123 (8) The Commissioner of Early Childhood, or the commissioner's
1124 designee;

1125 (9) The Healthcare Advocate, or the advocate's designee;

1126 (10) The Labor Commissioner, or the commissioner's designee;

1127 (11) The executive director of the Commission on Human Rights and
1128 Opportunities, or the executive director's designee;

1129 (12) The Commissioner of Agriculture, or the commissioner's
1130 designee;

1131 (13) The Commissioner of Economic and Community Development,
1132 or the commissioner's designee;

1133 (14) The Commissioner of Housing, or the commissioner's designee;

1134 (15) The Commissioner of Public Health, or the commissioner's
1135 designee;

1136 (16) The Commissioner of Developmental Services, or the
1137 commissioner's designee;

1138 (17) The Commissioner of Mental Health and Addiction Services, or
1139 the commissioner's designee;

1140 (18) The Commissioner of Transportation, or the commissioner's
1141 designee;

1142 (19) The Commissioner of Social Services, or the commissioner's
1143 designee;

1144 (20) The superintendent of the Technical Education and Career
1145 System, or the superintendent's designee;

1146 (21) The Commissioner of Children and Families, or the
1147 commissioner's designee; and

1148 (22) The Chief Court Administrator, or the Chief Court
1149 Administrator's designee.

1150 (c) Any member of the task force appointed under subdivisions (1) to
1151 (6), inclusive, of subsection (b) of this section may be a member of the
1152 General Assembly.

1153 (d) All initial appointments to the task force shall be made not later
1154 than thirty days after the effective date of this section. Any vacancy shall
1155 be filled by the appointing authority not later than thirty days after the
1156 vacancy occurs. If a vacancy is not filled by the appointing authority, the
1157 chairpersons of the task force may fill such vacancy.

1158 (e) The speaker of the House of Representatives and the president pro
1159 tempore of the Senate shall select the chairpersons of the task force from
1160 among the members of the task force. Such chairpersons shall schedule
1161 the first meeting of the task force, which shall be held not later than sixty
1162 days after the effective date of this section.

1163 (f) The administrative staff of the joint standing committee of the
1164 General Assembly having cognizance of matters relating to children

1165 shall serve as administrative staff of the task force.

1166 (g) Not later than January 1, 2022, the task force shall submit a report
 1167 on its findings and recommendations to the joint standing committee of
 1168 the General Assembly having cognizance of matters relating to children,
 1169 in accordance with the provisions of section 11-4a of the general statutes.
 1170 The task force shall terminate on the date that it submits such report or
 1171 January 1, 2022, whichever is later.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2021</i>	New section
Sec. 2	<i>July 1, 2021</i>	20-12b(a)
Sec. 3	<i>July 1, 2021</i>	20-73b(a)
Sec. 4	<i>July 1, 2021</i>	20-74h
Sec. 5	<i>July 1, 2021</i>	New section
Sec. 6	<i>July 1, 2021</i>	20-102ee(a)
Sec. 7	<i>July 1, 2021</i>	20-185k(b)
Sec. 8	<i>July 1, 2021</i>	20-195ttt(f)
Sec. 9	<i>July 1, 2021</i>	20-206mm(d) and (e)
Sec. 10	<i>July 1, 2021</i>	19a-14c
Sec. 11	<i>July 1, 2021</i>	10-148a(a)
Sec. 12	<i>July 1, 2021</i>	10-220a(b)
Sec. 13	<i>July 1, 2021</i>	10-220(b)
Sec. 14	<i>July 1, 2021</i>	10-221
Sec. 15	<i>from passage</i>	New section
Sec. 16	<i>from passage</i>	New section
Sec. 17	<i>July 1, 2021</i>	10-16
Sec. 18	<i>from passage</i>	10-198b
Sec. 19	<i>July 1, 2021</i>	New section
Sec. 20	<i>July 1, 2021</i>	10-215
Sec. 21	<i>July 1, 2021</i>	17a-10a
Sec. 22	<i>July 1, 2021</i>	17a-103a
Sec. 23	<i>July 1, 2021</i>	New section
Sec. 24	<i>July 1, 2022</i>	17a-248g
Sec. 25	<i>July 1, 2021</i>	10-76d(a)(10)
Sec. 26	<i>July 1, 2021</i>	10-76d(i)
Sec. 27	<i>July 1, 2021</i>	17a-248e
Sec. 28	<i>July 1, 2021</i>	New section

Sec. 29	<i>July 1, 2021</i>	New section
Sec. 30	<i>from passage</i>	New section
Sec. 31	<i>from passage</i>	New section

Statement of Legislative Commissioners:

In Section 5(c), "Department of Health" was changed to "Department of Public Health" for accuracy; in Section 14(g)(3)(B), "such student" was changed to "such student's" for accuracy; in Section 16(c), "learning to" was changed to "learning for" for accuracy; in Section 17, "provided such virtual learning" was changed to "provided that, on and after January 1, 2022, such virtual learning" for accuracy and internal consistency; in Section 20(b)(2), "a la cart" was changed to "a la carte" for accuracy; in Section 29(2), "17a-248" was changed to "17a-248b" for accuracy; and in Section 30(c) to (e), inclusive, "traumatic" was changed to "potentially traumatic" for internal consistency.

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 22 \$	FY 23 \$
Children & Families, Dept.	GF - Cost	128,000	19,100
Social Services, Dept.	GF - Cost	300,000	300,000
Office of Early Childhood	GF - Cost	1,650,000	1,650,000

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 22 \$	FY 23 \$
Local and Regional School Districts	STATE MANDATE ¹ - Cost	See Below	See Below
Local and Regional School Districts	Potential Cost	Potential	Potential

Explanation

The bill, which makes changes to certain statutes concerning children, is anticipated to result in various fiscal impacts, identified by section number below. Other sections of the bill are not anticipated to result in a fiscal impact to the state or municipalities.

Section 1, which requires the Youth Suicide Advisory Board (housed within the Department of Children and Families, or DCF) and the Office of the Child Advocate to establish a youth suicide prevention program providing certification in QPR Institute Gatekeeper Training for district health department employees, results in a cost to DCF of approximately

¹ State mandate is defined in Sec. 2-32b(2) of the Connecticut General Statutes, "state mandate" means any state initiated constitutional, statutory or executive action that requires a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

\$28,000 in FY 22 and \$9,100 in each fiscal year thereafter. The QPR Train-the-Trainers model would instruct a minimum of two employees at each district health department to serve as their local QPR trainers. Currently, there are 20 district health departments in Connecticut. In the initial year, approximately 40 employees will need to be trained at a cost to DCF of approximately \$700 per person. In subsequent years, to refresh training and replace trainers lost due to attrition, approximately 13 employees will need to receive training.

Section 14 requires local and regional school districts to conduct one parent-teacher conference, in addition to the two per year required under current law, during a period when the district provides virtual learning for more than three consecutive weeks. One additional parent-teacher conference is required every six months after that if sessions continue to be provided virtually. This could result in a cost and state mandate to local and regional school districts, associated with providing substitute teacher coverage for teachers who are required to conduct additional parent conferences, if these conferences are held during school hours. It is estimated that the average substitute teacher rate is approximately \$105 per day. The actual cost to the district would be dependent on the number of days a substitute teacher must be hired to cover the additional parent conferences. Fifty additional substitute days results in a cost of approximately \$5,250.

Sections 16 - 18 allow, beginning in FY 22, students in grades nine through twelve to attend class online or as part of a remote learning model. This could result in a potential cost to local and regional school districts if additional virtual or online materials and equipment must be purchased to accommodate students opting to participate in a remote learning model. However, the bill is permissive, and local and regional school districts are not mandated to participate.

Section 22, which require that DCF expand its Careline to accommodate reports of child abuse or neglect made by text message or mobile telephone application, is anticipated to result in a fiscal impact to DCF of approximately \$100,000 in FY 22 for the development of the

mobile application and \$10,000 in FY 23 and the out years for technical support related to the application. The Careline currently accepts reports made by telephone.

Section 24 results in a cost of approximately \$1.2 million annually to the Office of Early Childhood (OEC) associated with eliminating the fees paid by families under the Birth to Three program.

Section 27 could result in increased staffing costs to OEC associated with conducting screening for children found ineligible for preschool special education services. The increased cost would depend on the number of children eligible for the screening.

Section 28 is anticipated to result in a cost of approximately \$450,000 annually to OEC associated with extending support for certain children transitioning out of Birth to Three. This is also anticipated to result in an annual cost of approximately \$300,000 to the Department of Social Services for related Medicaid claims.

The Out Years

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

*Sources: Connecticut Department of Public Health, Local Health Administration, Online, Available at <https://portal.ct.gov/DPH/Local-Health-Admin/LHA/Local-Health-Administration>
QPR Institute, Online, Available at <https://www.qprinstitute.com/>*

OLR Bill Analysis**sSB 2*****AN ACT CONCERNING SOCIAL EQUITY AND THE HEALTH, SAFETY AND EDUCATION OF CHILDREN.*****SUMMARY**

This bill makes various changes to laws affecting children and pupils and related entities, such as the departments of Children and Families (DCF), Education (SDE), Public Health (DPH); the Office of Early Childhood (OEC); and local and regional boards of education.

Among other things, the bill:

1. requires DCF to develop a policy to provide remote visitation opportunities, expand the telephone Careline to accommodate information by text and mobile phone, and provide written notice when removing a child;
2. expands the birth-to-three program, prohibits OEC from charging for early intervention services, allows birth-to-three coordinators to participate in planning and placement meetings, and exempts them from certain disciplinary actions;
3. (a) allows local or regional boards of education to provide virtual learning to high school students and remote parent-teacher conferences, (b) requires the boards to integrate social-emotional learning into professional training, (c) requires the boards of education to allow up to four excused mental health wellness days per school year, (d) prohibits school boards from shaming a child for unpaid meals, and (e) allows minors to receive more than six outpatient mental health treatment sessions without their parent or guardian's consent; and
4. requires SDE to (a) develop a community resource document for

children and families and (b) establish a pilot program on adverse childhood experiences.

The bill also (1) sets up a youth suicide prevention training program, (2) adds mental health training to DPH's licensure and continuing education requirements for certain healthcare professionals, and (3) establishes a 24-member task force on children's needs.

It also makes minor, technical, and conforming changes.

EFFECTIVE DATE: July 1, 2021, except upon passage for the sections related to SDE community resources document (§ 15), virtual or remote school instruction (§ 16), excused and unexcused absence (§ 18), SDE's adverse childhood experience pilot program (§ 30), and the children's needs task force (§ 31).

§ 1 — YOUTH SUICIDE PREVENTION TRAINING PROGRAM

The bill requires the Youth Suicide Advisory Board (YSAB) and the Office of the Child Advocate (OCA) to jointly administer an evidence-based youth suicide prevention training program in each district health department and offer it at least once every three years, starting by July 1, 2022.

Under the bill, an "evidence-based" training program is one that:

1. incorporates methods shown to be effective for the intended population through scientifically based research, including statistically controlled evaluations or randomized trials;
2. can be successfully replicated in the state with a set of procedures;
3. achieves sustained, desirable outcomes; and
4. when possible, has been determined to be cost-beneficial.

The training program must provide certification in Question, Persuade and Refer (QPR) Institute Gatekeeper Training (i.e., an

educational program designed to teach lay and professional individuals who work with youth the warning signs of a suicide crisis and how to respond). It must use a training model that allows participants with valid certification to train other individuals, including members of the public.

The bill requires each district health department director to determine the program's eligibility criteria. Program participants must be members from the following groups in each health district:

1. local health department employees,
2. youth service bureau employees,
3. school employees,
4. youth-serving organization employees and volunteers,
5. youth athletic activity employees and volunteers,
6. municipal social service agency employees,
7. paid municipal or volunteer fire department members, and
8. local police department members.

The bill allows school employees to participate in the training program as part of an in-service training program provided by local and regional boards of education under existing law.

It also authorizes YSAB and OCA to contract with a nongovernmental entity that provides evidence-based suicide prevention training to administer the bill's training program.

§§ 2-9 — MENTAL HEALTH TRAINING AND EDUCATION FOR HEALTHCARE PROFESSIONALS

The bill expands the DPH's licensure and continuing education requirements for certain healthcare professionals, starting on and after January 1, 2022, to include at least two hours of training and education, approved by the commissioner, on:

1. screening for conditions such as post-traumatic stress disorder, suicide risk, depression, and grief and
2. suicide prevention training during the first renewal or registration period and at least once every six years after that.

Under the bill, the training and education requirement applies to healthcare professionals as follows, for:

1. physician assistants, it is an additional licensure requirement (§ 2);
2. physical therapists, it must be part of the existing minimum 20-hour continuing education requirement during each registration period and courses offered by the commissioner are qualifying continuing education activities under the bill (§ 3);
3. occupational therapists and occupational therapy assistants, it is an additional requirement for licensure renewal (§ 4);
4. registered nurses and licensed practical nurses, the bill's required two hours of training and education are contact hours (see below) (§ 5);
5. nurse aides, it must be part of the existing minimum 100-hour training program requirement (§ 6);
6. behavior analysts, it is in addition to existing renewal licensure requirements (§ 7);
7. certified community health workers, it must be part of the minimum 30-hour continuing education requirement (§ 8); and
8. emergency medical responders, emergency medical technicians, or advanced emergency medical technicians, it is an additional requirement for initial applications and renewal certifications (§ 9).

Registered Nurses and Licensed Practical Nurses (§ 5)

Under the bill, the required two hours of training and education described above for registered nurses and licensed practical nurses are contact hours. The bill defines a “contact hour” as a minimum of 50 minutes of continuing education and activities. The requirements apply to registration periods (i.e., the one-year period for which a license has been renewed) starting on or after January 1, 2022.

Under the bill, qualifying continuing education courses include in-person and online courses offered or approved by the American Nurses Association, Connecticut Hospital Association, Connecticut Nurses Association, Connecticut League for Nursing, a specialty nursing society or an equivalent organization in another jurisdiction, an educational offering sponsored by a hospital or other health care institution, or a course offered by a regionally accredited academic institution or a state or local health department.

The bill allows the public health commissioner to grant a waiver of up to 10 contact hours of continuing education for a registered nurse or licensed practical nurse who (1) engages in activities related to the nurse’s service as a member of the Connecticut State Board of Examiners for Nursing or (2) assists DPH with its duties to boards and commissioners.

It also requires each registered nurse and licensed practical nurse applying for license renewal to sign a statement attesting that he or she has satisfied the continuing education requirements on a form prescribed by DPH. Each licensee must (1) retain attendance records or completion certificates demonstrating compliance with the bill’s continuing education requirements for at least three years after the year in which the continuing education was completed and (2) submit the records or certificates to the department for inspection within 45 days after the department requests them.

§ 10 — OUTPATIENT MENTAL HEALTH TREATMENT FOR MINORS

By law, a psychiatrist, a psychologist, an independent social worker, or a marital and family therapist may provide outpatient mental health

treatment to a minor without the consent or notification of a parent or guardian at the request of the minor under certain conditions. Current law requires a mental health provider to notify the minor that the consent, notification, or involvement of a parent or guardian is required to continue treatment after the sixth session, unless it would be seriously detrimental to the minor's well-being. The bill allows minors to request and receive as many outpatient mental health treatment sessions as necessary without the consent or notification of a parent or guardian.

Under the bill, a provider may notify a parent or guardian of treatment provided without the parent or guardian's consent or notification, if (1) the provider determines that notification or disclosure is necessary for the minor's well-being, (2) the treatment provided to the minor is solely for mental health and not for a substance use disorder, and (3) the minor is provided an opportunity to express any objection to the notification or disclosure.

The bill requires the provider to document his or her determination regarding the notification or disclosure and any objections expressed by the minor in the minor's clinical record. The provider may disclose to a minor's parent or guardian the following information regarding the minor's outpatient mental health treatment:

1. diagnosis;
2. treatment plan and progress;
3. recommended medications, including risks, benefits, side effects, typical efficacy, dose, and schedule;
4. psychoeducation about the minor's mental health;
5. referrals to community resources;
6. coaching on parenting or behavioral management strategies; and
7. crisis prevention planning and safety planning.

It also requires a provider to release a minor's entire clinical record to

another provider upon the request of the minor or the minor's parent or guardian.

Existing law, unchanged by the bill, shields a parent or guardian from liability for treatment costs if he or she is not informed of the minor child's outpatient mental health treatment.

§§ 11-13 — SOCIAL-EMOTIONAL LEARNING

The bill requires, starting with the 2021-2022 school year and every school year after that, local and regional boards of education to integrate the principles and practices of social-emotional learning throughout the components of its district's professional development programs. Current law requires each local and regional board of education to make available, at no cost, at least 18 hours of individual and small group professional development each school year for certified employees.

The bill also requires each board of education of each local or regional school district, in its statement of goals, to include goals for the integration of principles and practices of social-emotional learning in the district's professional development programs.

By law, local and regional boards of education are required to establish professional development and evaluation committees to, among other things, develop, evaluate, and annually update the district's professional development plan for certified district employees (CGA § 10-220a). The bill requires each local and regional school board's professional development and evaluation committee to consider student priorities and needs related to student social-emotional learning and student academic outcomes when developing, evaluating, and annually updating a district's professional development program.

§ 14 — REMOTE PARENT-TEACHER CONFERENCES

The bill requires each school district, beginning with the 2021-2022 school year and every school year after that, in their policies and procedures encouraging parent-teacher cooperation, to

1. offer parents the option of attending any parent-teacher

-
- conference by telephone, video conference, or other conferencing platform (i.e., remotely);
2. conduct (a) one parent-teacher conference, in addition to the two per year required under current law, during a period when the district provides virtual learning for more than three consecutive weeks, and (b) one additional parent-teacher conference every six months after that if sessions continue to be provided virtually; and
 3. request from each student's parent the name and contact information of an emergency contact person who may be contacted if the parent cannot be reached to schedule a parent-teacher conference required if the district is providing virtual learning.

The bill also requires a teacher remotely attending a parent-teacher conference to try to assess the student's safety in his or her home and ask about any hardships the student's family may be experiencing. If the teacher determines that the family can benefit from a document containing available community resources, the teacher must provide the parent a copy of this document.

Under the bill, if, after three attempts, a teacher is unable to contact a student's parent in order to schedule a parent-teacher conference, he or she must report this inability to the school principal, school counselor, or other school administrator designated by the local or regional board of education. The principal, counselor, or administrator must contact the student's emergency contact to determine the student and family's health and safety.

§ 15 — COMMUNITY RESOURCES DOCUMENT

The bill requires SDE, by December 1, 2021, to develop and annually update a document for local and regional boards of education that provides information on educational, safety, mental health, and food insecurity resources and programs available for students and their families. The document must include:

1. providers of such resources and programs, including DCF, the Department of Mental Health and Addiction Services, the United Way of Connecticut, and local food banks;
2. descriptions of relevant resources and programs each provider offers, including DCF's "Talk it Out" program and any program that provides laptop computers, public Internet access, or home Internet service to students;
3. each provider's, resource's, and program's contact information; and
4. relevant websites.

SDE must annually electronically distribute the document to each local and regional board of education.

§§ 16-18 — VIRTUAL LEARNING

Virtual Learning Standards and Policy (§§ 16 & 17)

The bill requires the SDE commissioner to develop, and update as necessary, standards for virtual learning (i.e., instruction by means of one or more Internet-based software platforms as part of a remote learning model). It specifies that the standards must not be deemed regulations.

It also allows local and regional school boards, starting with the 2021-2022 school year and each school year after that, to authorize virtual learning for students in grades nine to 12, inclusive, if the boards:

1. provide instruction in compliance with the standards developed by SDE under the bill, and
2. adopt a policy on student attendance requirements during virtual learning, which must (a) comply with SDE guidance and (b) count attendance of any student who spends at least one-half of the day during virtual instruction engaged in virtual classes, virtual meetings, activities on time-logged electronic systems, and turning in assignments.

Under the bill, virtual learning must be considered an actual school session, provided that starting January 1, 2022, virtual learning is conducted in compliance with the standards SDE must develop under the bill.

Excused and Unexcused School Absences (§ 18)

The bill requires the State Board of Education (SBE) to change its definition of the terms “excused absence” and “unexcused absence” to exclude a student’s (1) (a) engagement in virtual classes, (b) virtual meetings, (c) activities on time-logged electronic systems, and (d) completion and submission of assignments, if the engagement accounts for at least one-half of the school day in which virtual learning is authorized; and (2) absence resulting from a mental health wellness day allowed under the bill (see below).

§ 19 — MENTAL HEALTH WELLNESS DAYS

The bill requires, for the 2021-2022 school year and every school year after that, local or regional boards of education to allow any student enrolled in grades kindergarten through 12, to take up to four mental health wellness days during the school year, on which a student is not required to attend school.

Under the bill, a student is not required to present documentation or parent or guardian consent to take a mental health wellness day but must identify the absence as a mental health wellness day.

§ 20 — SCHOOL LUNCH DEBT

The bill requires local or regional boards of education, starting with the 2021-2022 school year, and each school year after that, to include the following in policies or procedures for the collection of unpaid school meal charges:

1. a prohibition on publicly identifying or shaming a child for any unpaid meal charges, by (a) delaying or refusing to serve a meal to the child, (b) designating a specific meal for the child, or (c) taking any disciplinary action against the child;

2. a declaration of a child's right to purchase one meal (which may exclude a la carte items) for any school breakfast, lunch, or other feeding; and
3. a procedure for communicating with parents or guardians about collecting a child's unpaid meal charges, including (a) information on local food pantries, (b) applications for free or reduced-price meals and the Department of Social Services' supplemental nutrition assistance program, and (c) a link to the school district's website that lists any community services available to town residents.

It also allows local or regional boards of education to accept gifts, donations, or grants from any public or private source to pay off unpaid meal charges.

§ 21 — VISITATION OF CHILD IN DCF CARE AND CUSTODY

Virtual Visitation Requirement

By law, the DCF commissioner must ensure that children in the department's care and custody receive visits from their parents and siblings, unless the court orders otherwise.

Under the bill, in the event of a pandemic or outbreak of a communicable disease resulting in a declaration of a public health emergency by the Governor or a declaration of a national emergency by the President of the United States, the child must be given opportunities to communicate with his or her parents and siblings by telephone, video, or other conferencing platform instead of in-person visitation for the duration of any such declaration.

The commissioner must ensure that opportunities for these visits occur as often as reasonably possible, based on the best interest of the child, as is the case for in-person visits under existing law.

Remote Visitation Policy Related to Communicable Diseases

The bill requires the DCF commissioner, by January 1, 2022, to develop a policy to temporarily stop in-person visitation, on a case-by-

case basis, in the event that (1) a child or his or her parent or sibling is seriously ill due to a communicable disease and (2) visitation could result in at least one participant contracting the disease during the visit.

The policy must require that the child is provided an opportunity to communicate with his or her parents and siblings by telephonic, video, or other conferencing platform instead of an in-person visit. The bill requires the commissioner to define the terms “seriously ill” and “communicable disease” in the visitation policy.

§ 22 — TELEPHONE CARELINE

By law, the DCF commissioner operates the telephone Careline, which receives reports of child abuse and neglect and gives out information about child abuse and neglect. The bill expands Careline operations to also use text message or mobile telephone application for these purposes, by July 1, 2022. Under the bill, DCF is required to monitor the expanded operation at all times.

§ 23 — DCF WRITTEN REMOVAL NOTICE

Provision of Notice to Parent or Guardian

By law, if the DCF commissioner or her designee has probable cause to believe that (1) a child or any other child in the household is in imminent risk of physical harm from the child’s surroundings and (2) immediate removal is necessary to ensure the child’s safety, the commissioner, or her designee, must authorize the removal of the child, and any other child similarly situated, from the surroundings without the parent or guardian’s consent. The bill requires the DCF commissioner to provide written notice to the child’s parent or guardian, if the commissioner or her designee has authorized such immediate removal or is contemplating removing the child from his or her home.

Under the bill, the commissioner must provide the notice (1) as soon as is practicable before the removal meeting or (2) if immediate removal was authorized, within 24 hours after the removal. The commissioner must also (1) obtain the parent or guardian’s signature acknowledging

receipt of the notice and (2) provide the services of an interpreter at the meeting when a parent or guardian requests it.

Notice Content

Under the bill, the written notice must be in the parent or guardian's primary language and contain:

1. the date, time, and location of any removal meeting scheduled by the commissioner,
2. a plain language explanation of the removal process, steps the commissioner intends to take, and the parent or guardian's legal rights;
3. a list of local organizations that provide free or reduced-cost legal services and how to access such services; and
4. a check box for the parent or guardian to request the services of an interpreter at the meeting.

§ 24 — EARLY INTERVENTION SERVICES FEES

Under current law, the OEC commissioner is required to establish and periodically revise, a schedule of fees for early intervention services based on a sliding scale relative to the financial resources of the parents or legal guardians of eligible children. The bill eliminates this requirement and instead prohibits the commissioner from charging a fee for early intervention services to the parents or legal guardians of eligible children.

Current law requires the commissioner to develop and implement procedures to hold a recipient harmless for the impact of pursuit of payment for early intervention services against lifetime insurance limits. The bill limits this requirement only as it pertains to services rendered prior to July 1, 2022.

§ 25 — PLANNING AND PLACEMENT TEAM MEETINGS***Expansion of Parental Notification Requirements***

By law, a local or regional board of education responsible for providing special education and related services to a child or pupil is generally required to provide written notice, to the child's parent or guardian or to a pupil who is an emancipated minor before (1) proposing to, or refusing to, initiate or change the child's or pupil's identification, evaluation or educational placement or (2) providing free appropriate public education to the child or pupil. The law also gives the parent, guardian, or pupil, upon request, the right to meet with a member of the planning and placement team (PPT) before the referral team meeting.

Under current law, the parent, guardian, pupil, or surrogate parent must (1) be given at least five-days' notice before any PPT meeting; (2) have the right to be present at and participate in all portions of a meeting at which an educational program for the child or pupil is developed, reviewed, or revised; and (3) have the right to have certain professionals present and participate. The bill expands this by requiring that during any meeting at which an educational program for the child or pupil is developed, the parent, guardian, pupil, or surrogate parent must also have the right to have each recommendation made in the child or pupil's birth-to-three individualized transition plan, addressed by the PPT.

Birth-to-Three Service Coordinator PPT Participation

Additionally, the bill gives the parent, guardian, pupil, or surrogate parent the right to have the child or pupil's birth-to-three service coordinator, if any, attend and participate in any part of the meeting at which an educational program for the child or pupil is developed, reviewed, or revised.

The bill maintains the right under current law to have advisors and school paraprofessionals attend and participate in these meetings, but no longer requires them to be present.

Additional Notification Requirements

The bill expands the information that the responsible local or regional board of education must give the parent, guardian, surrogate parent, or

pupil at each initial PPT meeting. Under existing law, the boards must tell the parent, guardian, surrogate parent, or pupil about physical restraint and seclusion laws and regulations. Under the bill, during the meeting at which an educational program for the child or pupil is developed, the local or regional board of education must also inform them of their right to have:

1. the child or pupil's birth-to-three service coordinator attend and participate in all portions of the meeting and
2. each recommendation made in the transition plan by the service coordinator addressed by the PPT.

§ 26 — BIRTH-TO-THREE COORDINATOR DISCIPLINARY PROTECTIONS

Existing law prohibits local or regional boards of education from disciplining, suspending, terminating, or otherwise punishing any PPT member employed by such board who discusses or makes recommendations concerning the provision of special education and related services for a child during a PPT meeting or in a transition plan. The bill extends this protection to birth-to-three service coordinators or qualified personnel.

§ 27 — DEVELOPMENTAL AND SOCIAL-EMOTIONAL DELAY SCREENINGS

Existing law generally requires each eligible child and his or her family to receive (1) a multidisciplinary assessment, (2) a written individualized family service plan, and (3) a review of the individualized family service plan within set time frames. The bill expands this by also requiring a screening for developmental and social-emotional delays for children who are not eligible for participation in preschool programs under Part B of the federal Individuals with Disabilities Act.

Under the bill, the screening must use validated assessment tools, such as the Ages and Stages Questionnaire and the Ages and Stages Social-Emotional Questionnaire, or their equivalents.

§ 28 — BIRTH-TO-THREE PROGRAM EXPANSION

Under the bill, by July 1, 2022, the OEC commissioner must develop and implement a plan to expand the birth-to-three program to provide early intervention services to any child who:

1. is enrolled in the program;
2. turns age three on or after May 1 and not later than the first day of the next school year commencing July 1; and
3. is eligible for participation in preschool programs under Part B of the federal Individuals with Disabilities Act; however, the services must terminate when the child starts participating in the preschool program.

The bill authorizes the commissioner to adopt implementing regulations.

§ 29 — SCHOOL READINESS LIAISON

For the school year starting July 1, 2022, and each school year thereafter, in any school district that serves a town that has not convened or established a local or regional school readiness council, the bill requires the local or regional board of education for the school district to designate a school readiness liaison.

The liaison must (1) be an employee of the school district and (2) serve as an informational resource for parents of children transitioning from the birth-to-three program to enrollment in a public elementary school in the school district.

§ 30 — ADVERSE CHILDHOOD EXPERIENCE SURVEY PILOT PROGRAM

The bill requires SDE to establish an adverse childhood experience survey pilot program to be administered in participating municipalities (i.e., Bridgeport, Cheshire, East Hartford, Killingworth, Orange, and South Windsor).

Under the pilot program, “adverse childhood experience” means a

potentially traumatic event occurring in childhood, including (1) experiencing or witnessing violence, abuse, neglect, a substance abuse disorder, a suicide attempt, or death by suicide or (2) experiencing instability due to parental separation or incarceration.

Survey

By October 1, 2021, SDE must develop a survey that requires the student taking the survey to indicate whether he or she has witnessed or experienced one or more potentially traumatic events, including (1) violence, abuse, neglect, a substance abuse disorder, a suicide attempt, or death by suicide or (2) instability due to parental separation or incarceration.

The survey must be tailored to the developmental stages of the students and must not include any personally identifying information.

Survey Administration

By August 1, 2022, SDE must require administering of the survey to each public-school enrolling student in grades four to 12, inclusive, in participating municipalities and to report the results of the survey to the department in a form and manner the department sets. The report must include the number of students in each grade who suffered each type of potentially traumatic event but must not include any data on the number or types of potentially traumatic events suffered by any one student.

Reporting Requirements

SDE, by December 1, 2022, must submit a report to the Children's Committee summarizing the number of students in each grade in each participating municipality who suffered each type of potentially traumatic event.

§ 31 — TASK FORCE TO STUDY CHILDREN'S NEEDS

The bill establishes a 24-member task force to study the (1) comprehensive needs of children in the state and (2) extent to which the needs are being met by educators, community members, and local and

state agencies.

Task Force Duties

The task force must:

1. assess children's needs using certain tenets of the whole child initiative developed by the Association for Supervision and Curriculum Development;
2. recommend new programs or changes to existing programs operated by educators or local or state agencies to better address children's needs; and
3. recognize any exceptional efforts to meet the comprehensive needs of children by educators, local or state agencies, and community members (i.e., any individual or private organization that provides services or programs for children).

The task force must assess children's needs using the tenets that each student:

1. enters school healthy and learns about and practices a healthy lifestyle;
2. learns in an environment that is physically and emotionally safe for students and adults;
3. is actively engaged in learning and is connected to the school and broader community;
4. has access to personalized learning and is supported by qualified, caring adults; and
5. is challenged academically and prepared for success in college or further study and for employment and participation in a global environment.

Membership and Appointing Authorities

The task force must consist of the following 24 members:

1. two appointed by the House speaker, one of whom is an educator employed by a local or regional board of education and one of whom is a licensed social worker working with children;
2. two appointed by the Senate president pro tempore, one of whom is a representative of the board of directors of the Association for Supervision and Curriculum Development affiliate in the state, and one of whom is a representative of a higher education institution in the state;
3. one appointed by the House majority leader, who is a school administrator employed by a local or regional board of education;
4. one appointed by the Senate majority leader, who is a chairperson of a local or regional board of education;
5. one appointed by the House minority leader, who is a director or employee of a private nonprofit organization in the state that provides services or programs for children;
6. one appointed by the Senate minority leader, who is a director or employee of a private nonprofit organization in the state that provides health-related services or programs for children;
7. the Agriculture, Children and Families, Developmental Services, Early Childhood, Economic and Community Development, Education, Housing, Labor, Mental Health and Addiction Services, Public Health, Social Services, and Transportation commissioners or their designees;
8. the healthcare advocate, or his designee;
9. the Commission on Human Rights and Opportunities executive director, or her designee;
10. the Technical Education and Career System superintendent, or his designee; and

11. the chief court administrator, or his designee.

All initial appointments must be made within 30 days after the bill passes. The appointing authority must fill any vacancy within 30 days after the vacancy. Task force chairpersons may fill a vacancy if it is not filled by the appointing authority. Members of the General Assembly may serve on the task force.

The House speaker and the Senate president pro tempore must select the chairpersons of the task force from among its members. The chairpersons must schedule the first meeting of the task force, which must be held within 60 days after the bill passes.

The Children’s Committee administrative staff must serve as administrative staff of the task force.

Reporting Requirements

The bill requires the task force to submit a report on its findings and recommendations to the Children’s Committee by January 1, 2022. The task force terminates on the date that it submits the report or January 1, 2022, whichever is later.

COMMITTEE ACTION

Committee on Children

Joint Favorable Substitute
Yea 9 Nay 5 (03/15/2021)