



Senate

General Assembly

File No. 184

January Session, 2021

Substitute Senate Bill No. 872

Senate, March 29, 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 THE DEPARTMENT OF CHILDREN AND FAMILIES' RECOMMENDATIONS FOR REVISIONS TO THE STATUTES CONCERNING CHILDREN.

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

1 Section 1. Subsection (f) of section 46b-127 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective July 1,*
3 *2021*):

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

10 Sec. 2. Subsection (b) of section 17a-3 of the general statutes is
11 repealed and the following is substituted in lieu thereof (*Effective July 1,*
12 *2021*):

13 (b) [(1) The department, with the assistance of the State Advisory
14 Council on Children and Families, and in consultation with
15 representatives of the children and families served by the department,
16 providers of services to children and families, advocates, and others
17 interested in the well-being of children and families in this state, shall
18 develop and regularly update a single, comprehensive strategic plan for
19 meeting the needs of children and families served by the department. In
20 developing and updating the strategic plan, the department shall
21 identify and define agency goals and indicators of progress, including
22 benchmarks, in achieving such goals. The strategic plan shall include,
23 but not be limited to: (A) The department's mission statement; (B) the
24 expected results for the department and each of its mandated areas of
25 responsibility; (C) a schedule of action steps and a time frame for
26 achieving such results and fulfilling the department's mission that
27 includes strategies for working with other state agencies to leverage
28 resources and coordinate service delivery; (D) strategies, informed by
29 data on referrals, substantiations, removal, placements and retention, by
30 which the department shall identify racial and ethnic disparities within
31 child welfare practice and work to eliminate such disparities; (E)
32 priorities for services and estimates of the funding and other resources
33 necessary to carry them out; (F) standards for programs and services
34 that are based on research-based best practices, when available; and (G)
35 relevant measures of performance.

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

45 (3) The commissioner shall track and report on progress in achieving
46 the strategic plan's goals not later than October 1, 2010, and quarterly

47 thereafter, to said State Advisory Council. The commissioner shall
48 submit a status report on progress in achieving the results in the
49 strategic plan, in accordance with section 11-4a, not later than July 1,
50 2011, and annually thereafter to the General Assembly, the joint
51 standing committee of the General Assembly having cognizance of
52 matters relating to children and the Governor.] Not later than July 1,
53 2021, the Commissioner of Children and Families shall submit, in
54 accordance with the provisions of section 11-4a, to the joint standing
55 committees of the General Assembly having cognizance of matters
56 relating to children and appropriations and the budgets of state agencies
57 and to the State Advisory Council of Children and Families the
58 following reports for which the commissioner most recently received
59 approval from the Administration for Children and Families pursuant
60 to federal law: (1) The Child and Family Services Plan, (2) the Annual
61 Progress and Services Report, (3) the Final Report of the Child and
62 Family Services Review, and (4) any Program Improvement Plan.
63 Thereafter, the commissioner shall submit, in accordance with the
64 provisions of section 11-4a, to the joint standing committees of the
65 General Assembly having cognizance of matters relating to children and
66 appropriations and the budgets of state agencies and to the State
67 Advisory Council of Children and Families said reports not later than
68 thirty days after the Administration for Children and Families approves
69 the reports.

70 Sec. 3. Subsection (c) of section 17a-4 of the general statutes is
71 repealed and the following is substituted in lieu thereof (*Effective July 1,*
72 *2021*):

73 (c) The duties of the council shall be to: (1) Recommend to the
74 commissioner programs, legislation or other matters which will
75 improve services for children and youths, including behavioral health
76 services; (2) annually review and advise the commissioner regarding the
77 proposed budget; (3) interpret to the community at large the policies,
78 duties and programs of the department; (4) issue any reports it deems
79 necessary to the Governor and the Commissioner of Children and
80 Families; (5) [assist in the development of and] review and comment on

81 the [strategic plan developed by the department pursuant to] reports
82 described in subsection (b) of section 17a-3, as amended by this act; (6)
83 [receive on a quarterly basis from the commissioner a status report on
84 the department's progress in carrying out the strategic plan; (7)]
85 independently monitor the department's progress in achieving its goals
86 as expressed in [the strategic plan] such reports; and [(8)] (7) offer
87 assistance and provide an outside perspective to the department so that
88 it may be able to achieve the goals expressed in [the strategic plan] such
89 reports.

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

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

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

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

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

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

112 services;

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

115 [(F)] (6) Establishing results-based accountability measures to track
116 progress towards the goals and objectives outlined in this section,
117 sections 17a-22cc, 17a-22dd and 17a-248h and section 7 of public act 13-
118 178;

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

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

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

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

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

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

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

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

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

174 (d) The Department of Children and Families, in collaboration with

175 agencies that provide training for mental health care providers in urban,
176 suburban and rural areas, shall provide phased-in, ongoing training for
177 mental health care providers in evidence-based and trauma-informed
178 interventions and practices.

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

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

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

207 [(h) On or before October 1, 2018, the Department of Children and

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

217 Sec. 5. Subparagraph (B) of subdivision (1) of subsection (k) of section
218 46b-129 of the general statutes is repealed and the following is
219 substituted in lieu thereof (*Effective from passage*):

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

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

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

241 The identity of such adults shall be recorded in the case plan of such
242 child.

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

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

252 As used in sections 17a-90 to 17a-121a, inclusive, [and] sections 17a-
253 145 to 17a-153, inclusive, and sections 7 and 8 of this act:

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

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

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

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

267 (5) "Termination of parental rights" means the complete severance by
268 court order of the legal relationship, with all its rights and
269 responsibilities, between the child and the child's parent or parents so
270 that the child is free for adoption except it shall not affect the right of

271 inheritance of such child or the religious affiliation of such child;

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

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

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

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

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

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

298 (12) "Person responsible for the health, welfare or care of a child or
299 youth" means a child's or a youth's parent, guardian or foster parent; an
300 employee of a public or private residential home, agency or institution
301 or other person legally responsible in a residential setting; or any staff

302 person providing out-of-home care, such as the provision of child care
303 services, as described in section 19a-77, in a child care center, group
304 child care home or family child care home;

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

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

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

318 (16) "Qualified residential treatment program" has the same meaning
319 as provided in the Social Security Act, 42 USC 672(k)(4), as amended
320 from time to time; and

321 (17) "Qualified individual" has the same meaning as provided in the
322 Social Security Act, 42 USC 675a(c)(1), as amended from time to time.

323 Sec. 7. (NEW) (*Effective from passage*) The Commissioner of Children
324 and Families shall adopt regulations in accordance with the provisions
325 of chapter 54 of the general statutes establishing standards for qualified
326 residential treatment programs and qualified individuals. Such
327 standards shall include, but not be limited to, (1) staffing at such
328 treatment programs, (2) the care and treatment of children cared for or
329 boarded in such treatment programs, (3) training and qualifications
330 required for a qualified individual, and (4) documentation
331 requirements. The commissioner may implement policies and
332 procedures consistent with the provisions of this section while the

333 commissioner is in the process of adopting such regulations, provided
334 the commissioner shall publish notice of intention to adopt regulations
335 on the eRegulations System not later than twenty days after the
336 implementation of such policies and procedures. Any such policies and
337 procedures shall be valid until such final regulations are effective.

338 Sec. 8. (NEW) (*Effective from passage*) (a) As used in this section,
339 "family" or "family member" means a person related to a child by birth,
340 marriage or other legal means, or a fictive kin caregiver, as defined in
341 section 17a-114 of the general statutes.

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

364 (c) If the qualified individual conducting an assessment under this
365 section determines that a child should not be placed with family

366 members or in a foster family, the qualified individual shall specify in
367 writing why the needs of the child cannot be met by the child's family
368 or in a foster family, provided a shortage or lack of availability of foster
369 family homes shall not be an acceptable reason for a determination that
370 the child's needs cannot be met in a foster family. If the qualified
371 individual recommends that a child should be placed in a qualified
372 residential treatment program, the qualified individual shall further
373 specify in writing why placement in the qualified residential treatment
374 program will provide the child with the most effective and appropriate
375 level of care in the least restrictive environment and how such
376 placement is consistent with the goals specified in the permanency plan
377 for the child. Such written assessment shall be submitted to the
378 commissioner.

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

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

400 specified in the permanency plan for the child. The purpose of the
401 determination made pursuant to subparagraph (B) of this subdivision
402 shall be solely for allowing the Commissioner of Children and Families
403 to receive foster care maintenance payments pursuant to Title IV-E of
404 the Social Security Act, as amended from time to time.

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

422 Sec. 9. Subsection (a) of section 17a-4 of the general statutes is
423 repealed and the following is substituted in lieu thereof (*Effective October*
424 *1, 2021*):

425 (a) There shall be a State Advisory Council on Children and Families
426 which shall consist of [~~nineteen~~] twenty members as follows: (1)
427 [~~Thirteen~~] Fourteen members appointed by the Governor, including two
428 persons who are child care professionals, two persons eighteen to
429 twenty-five years of age, inclusive, served by the Department of
430 Children and Families, one child psychiatrist licensed to practice
431 medicine in this state, [~~and~~] one health care professional who has
432 expertise in children's health and is licensed in the state, one attorney

433 who has expertise in legal issues related to children and youth and seven
 434 persons who shall be representative of young persons, parents and
 435 others interested in the delivery of services to children and youths,
 436 including child protection, behavioral health and prevention services, at
 437 least four of whom shall be parents, foster parents or family members of
 438 children who have received, or are receiving, behavioral health services
 439 or child welfare services; and (2) six members representing the regional
 440 advisory councils established pursuant to section 17a-30, appointed one
 441 each by the members of each council. [On and after October 1, 2014, no]
 442 Not more than half the members of the council shall be persons who
 443 receive income from a private practice or any public or private agency
 444 that delivers mental health, substance abuse, child abuse prevention and
 445 treatment or child welfare services. Members of the council shall serve
 446 without compensation, except for necessary expenses incurred in the
 447 performance of their duties. The Department of Children and Families
 448 shall provide the council with funding to facilitate the participation of
 449 those members representing families and youth, as well as for other
 450 administrative support services. Members shall serve on the council for
 451 terms of two years each and no member shall serve for more than three
 452 consecutive terms. The commissioner shall be an ex-officio member of
 453 the council without vote and shall attend its meetings. Any member
 454 who fails to attend three consecutive meetings or fifty per cent of all
 455 meetings during any calendar year shall be deemed to have resigned.
 456 The council shall elect a chairperson and vice-chairperson to act in the
 457 chairperson's absence.

458 Sec. 10. Section 17a-63 of the general statutes is repealed. (*Effective*
 459 *from passage*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2021</i>	46b-127(f)
Sec. 2	<i>July 1, 2021</i>	17a-3(b)
Sec. 3	<i>July 1, 2021</i>	17a-4(c)
Sec. 4	<i>from passage</i>	17a-22bb
Sec. 5	<i>from passage</i>	46b-129(k)(1)(B)

Sec. 6	<i>from passage</i>	17a-93
Sec. 7	<i>from passage</i>	New section
Sec. 8	<i>from passage</i>	New section
Sec. 9	<i>October 1, 2021</i>	17a-4(a)
Sec. 10	<i>from passage</i>	Repealer section

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 \$
Resources of the General Fund	GF - Eliminates the Potential Loss of Federal Revenue	2 million	2 million

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill aligns various state statutes with federal Family First Prevention Services Act standards for qualified residential treatment programs, so that the Department of Children and Families may continue to claim federal Title IV-E¹ reimbursement,² thus eliminating a potential loss of approximately \$2 million in federal revenue annually. Other technical and clarifying provisions of the bill are not anticipated to result in a fiscal impact to the state or municipalities.

The Out Years

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

¹Social Security Act Title IV-E: Grants to States for Aid and Services to Needy Families with Children and for Child-Welfare Services.

²The Title IV-E reimbursement rate for certain congregate care costs is 50%.

OLR Bill Analysis**sSB 872*****AN ACT CONCERNING THE DEPARTMENT OF CHILDREN AND FAMILIES' RECOMMENDATIONS FOR REVISIONS TO THE STATUTES CONCERNING CHILDREN.*****SUMMARY**

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

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

State Advisory Council (SAC) on Children and Families (§ 9);

8. repeals a reporting requirement on administrative case reviews (§ 10); and
9. makes other technical and conforming changes.

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

§§ 2-3 — DCF STRATEGIC PLAN REPORTING REQUIREMENTS

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

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

§5 — PERMANENCY REPORT

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

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

§§ 6-8 — QUALIFIED RESIDENTIAL TREATMENT PROGRAMS***Adoption of QRTP Protocol***

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

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

QRTP Court Review and Determination Process

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

individual. The qualified individual must:

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

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

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

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

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

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

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

§9 — STATE ADVISORY COUNCIL ON CHILDREN AND FAMILIES

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

§10 — ADMINISTRATIVE CASE REVIEWS

Current law requires DCF to submit, within available appropriations,

an annual report to the Children's Committee on:

1. the results of Connecticut's comprehensive objective reviews (internal qualitative reviews), including any recommendations contained in the reviews and any steps DCF has taken to implement them;
2. aggregate data from each administrative case review, including any information on the strengths and deficiencies of its case review process; and
3. steps DCF is taking to address department-wide deficiencies.

The bill eliminates this reporting requirement.

BACKGROUND

Connecticut Children's Behavioral Plan

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

DEFINITIONS

Family or Family Member

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

Qualified Individual

Federal law defines a "qualified individual" as a trained professional or licensed clinician who is not a state employee, or who is not

connected to or affiliated with any setting in which children are placed by the state (42 U.S.C. 675a(c)(1)).

Qualified Residential Treatment Programs

Under federal law, a QRTP is a program that:

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

COMMITTEE ACTION

Committee on Children

Joint Favorable Substitute

Yea 13 Nay 0 (03/11/2021)