

# OFFICE OF FISCAL ANALYSIS

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<http://www.cga.ct.gov/ofa>

SB-2

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

## AMENDMENT

LCO No.: 8056

File Copy No.: 246

Senate Calendar No.: 175

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### ***OFA Fiscal Note***

#### ***State Impact:***

Agency Affected	Fund-Effect	FY 22 \$	FY 23 \$
Children & Families, Dept.	GF - Cost	189,600	39,400
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 <sup>1</sup> - Cost	See Below	See Below
Local and Regional School Districts	Potential Cost	Potential	Potential

#### ***Explanation***

The amendment strikes the underlying bill and its associated fiscal impact.

The amendment, which makes changes to certain statutes concerning

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<sup>1</sup> 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.

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5/5/21  
(SM)

children, is anticipated to result in various fiscal impacts, identified by section number below. Other sections of the amendment 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 in each local health department and district department of health, results in a cost to DCF of approximately \$89,600 in FY 22 and \$29,400 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 64 local health departments and district departments of health in Connecticut. In the initial year, approximately 128 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 42 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 amendment is permissive, and local and regional school districts are not mandated to participate.

**Section 22** requires that DCF develop and maintain a software application for use on computers and mobile devices to facilitate the reporting of nonemergent incidents. This provision 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 for technical support related to the application.

**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 25** could result in an additional cost to local and regional boards of education associated with monitoring additional preschoolers who otherwise would not have been monitored. The potential cost to the district would be dependent on staffing levels and the number of additional children requiring monitoring or additional services.

**Section 27** could result in additional costs to OEC and towns related to filing and paperwork associated with increased screenings of children found ineligible for preschool special education services. The increase would depend on the number of applicable children and related screenings.

**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 preceding Fiscal Impact statement is prepared for the benefit of the members of the General Assembly, solely for the purposes of information, summarization and explanation and does 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.***

*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/>*