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## OLR Bill Analysis

### SB 2

## **AN ACT EXPANDING PRESCHOOL AND MENTAL AND BEHAVIORAL SERVICES FOR CHILDREN.**

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*Requires DSS, in consultation with DPH, to establish a pilot program to expand behavioral health care to children at federally qualified health centers*

**§§ 27-29 — SAFE STORAGE OF PRESCRIPTION DRUGS AND CANNABIS**

*Requires (1) the Department of Consumer Protection (DCP), by December 1, 2022, to develop documents on the safe storage and disposal of opioid drugs and cannabis and cannabis products and, by December 15, 2022, post the documents on the department's website; and (2) pharmacies and cannabis retailers and hybrid retailers, by January 1, 2023, to post notices about these documents on their premises*

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*Requires DSS, in consultation with the State Comptroller, to conduct a study to identify ways the state can financially assist child care facility employees with out-of-pocket medical costs*

**§ 34 — TASK FORCE TO STUDY CHILDREN'S NEEDS**

*Reconvenes a 25-member task force to continue to study the (1) comprehensive needs of children in the state and (2) extent to which educators, community members, and local and state agencies are meeting them*

**§ 35 — MEDICAID STATE PLAN EXPANSION**

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**§§ 38, 40-43 & 45 — AMERICAN RESCUE PLAN ACT OF 2021 ALLOCATIONS TO OEC, DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES (DMHAS), AND DCF**

*Allocates funds from federal COVID-19 relief funds for emergency support grants to state child care centers to OEC for emergency support grants to state child care workers; DMHAS to enhance mobile crisis services, and DCF (1) to administer the Social Determinants of Mental Health Fund and (2) for youth service bureau enhancement*

**§ 39 — CHILD CARE CENTER TECHNICAL ASSISTANCE AND BUSINESS CONSULTING**

*Appropriates \$160,000 to OEC for technical assistance and business consulting services for child care centers*

**§ 44 — MINORITY TEACHER SCHOLARSHIP PROGRAM**

*Appropriates \$30,000 to SDE for the hiring of a full-time employee to administer the minority teacher candidate scholarship program*

**§§ 1-3 — SCHOOL READINESS GRANTS**

*Raises the per child cost cap for the school readiness program beginning FY 23; increases two early childhood grants related to the per child cost cap; and increases the amounts from the grants that must be used exclusively for staff salary increases.*

The bill raises the per child cost cap for the OEC school readiness program and increases two related grants and increases the amounts from the grants that must be used exclusively for staff salary increases.

**School Readiness Per Child Cost (§ 1)**

Beginning with FY 23 and for each year after, the bill raises the cap for the per child cost of the OEC school readiness program from current law's \$9,027 to \$14,500. The per child cost cap is used in two school readiness grants changed under the bill.

**School Readiness Grants (§ 2)**

The bill increases the amount, from \$100 to \$290, that programs must use for salary increases.

Under the bill, beginning in FY 23, state-licensed school readiness programs that operate full-day, year-round programs and get school readiness per-pupil state grants must use any grant amount over \$14,210 per child only to increase the salary of people directly responsible for teaching or caring for children in school readiness program classrooms. Under current law, this amount is \$8,927.

Under current law, the difference in the cost (\$9,027) and the grant threshold amount that anything above which must be used for salary increases (\$8,927) is \$100. Under the bill, the difference between the cost (\$14,500) and the threshold amount for salary increases (\$14,210) is \$290.

By law, a school readiness program is a nonreligious, state-funded program that provides a developmentally appropriate learning experience for children ages 3 to 5 who are too young to enroll in kindergarten (CGS § 10-16p).

**Grants for Child Care Centers for Disadvantaged Children (§ 3)**

The bill changes certain factors in state financial assistance for state-licensed child care centers for disadvantaged children. By law the state, through the OEC commissioner, can enter into contracts with

municipalities, human resource development agencies, or nonprofit corporations for state financial assistance (i.e., grants) for developing and operating these centers.

Current law requires that the contracts provide for a state grant for:

1. part of the program's cost, as determined by the OEC commissioner, if the program is not federally assisted;
2. half the amount by which the program's net cost, as approved by the commissioner, exceeds its federal grant; or
3. at least equal to the per child cost established in state law (§ 1) for each child ages 3 to 5, who is not yet eligible to enroll in school.

The act requires that the third state grant option, the per child cost grant, be in an amount that is at least equal to the per child cost that is raised in the bill (§ 1) to \$14,500. The bill also creates a separate \$16,000 grant amount for children age 3 and under who are in toddler or infant care and not in a preschool program.

Additionally, the bill makes changes to the law regarding how part of the grants must be used for salary increases.

Beginning in FY 20 and each year after, current law requires that any state financial assistance for these centers received under the third state grant option that exceeds the funding the center received in FY 19 be used exclusively to increase the salaries of educators at the centers. The bill provides the same mechanism, but requires it be applied starting in FY 24 using the funding received in FY 23, and each year after.

EFFECTIVE DATE: July 1, 2022

#### **§ 4 — OEC WAGE SUPPLEMENT GRANT PROGRAM**

*Creates a wage supplement grant of \$1 an hour for employees of child care services providers and early childhood education programs; requires OEC to develop a policy for, and to administer, the grant program*

The bill requires OEC to administer a new wage supplement grant program for FYs 23 and 24 for employees of child care services providers and early childhood education programs. Grants under the program

must be calculated to increase each employee's hourly salary by \$1.

Under the bill, "child care services providers" are:

1. the employers of a child care facility's employees;
2. family child care providers; and
3. people who provide child care services under the Care 4 Kids child care subsidy program, excluding providers who provide these services only to children to whom they are related and who operate without an OEC child care services license.

The bill defines "child care facilities" as:

1. child care centers (i.e., a program of supplementary care for more than 12 children outside their homes),
2. group child care homes (i.e., program of supplementary care (a) for not less than seven or more than 12 children or (b) that meets the definition of a family child care home (generally for six or fewer children) and does not operate from a private family home);
3. family child care home (generally for six or fewer children, including the provider's own children who are not in school full-time, and operated from a private family home) and
4. Care 4 Kids child care service providers.

Care 4 Kids is a child care subsidy program for low and moderate income families.

The bill defines "early childhood education program" as any privately operated or state-funded preschool program, including school readiness programs as defined in state law.

### **Policy**

By October 1, 2022, the bill requires the OEC commissioner to develop a policy to administer the grant program. For FYs 23 and 24,

the commissioner must pay the grants to the services providers and program operators and, in turn, the providers and operators must distribute the funds to their employees in accordance with the OEC policy.

The policy must include program eligibility requirements, the program registration process, the grant distribution requirements, and any other requirements the commissioner deems necessary.

### ***Registration***

The bill requires each child care services provider and early childhood education program operator to register, at the time and in the way the OEC commissioner prescribes, to receive a grant under the program. Upon registration, a provider or operator must give any information OEC requires, according to the policy developed under the bill.

EFFECTIVE DATE: July 1, 2022

## **§ 5 — PIPELINE FOR CONNECTICUT'S FUTURE PROGRAM**

*Requires SDE, collaborating with DOL, to administer the Pipeline for Connecticut's Future Program*

Current law allows local or regional boards of education to set up a "Pipeline for Connecticut's Future" program with local business to create onsite student training opportunities for course credit. The bill instead requires SDE, in collaboration with DOL, to administer this program. Specifically, it requires SDE to incentivize boards of education to participate in the program and help them establish business partnerships for the program.

Under the bill, SDE must help boards of education enhance existing partnerships or make new ones with child care providers and early childhood education programs, as well as partnerships with more fields, such as manufacturing, computer programming, or culinary arts, and one or more local businesses, to offer a pathways program. This program must:

1. help students obtain occupational licenses, participate in

apprenticeship opportunities, and gain immediate job skills;

2. provide industry-specific class time and cooperative work placements, onsite and apprenticeship training, and course credit and occupational licenses to students upon completion; and
3. be a pathways program in early childhood care and education and any additional fields that may lead to a diploma, credential, certificate, or license upon graduation, such as manufacturing, computer programming, or the culinary arts.

Additionally, SDE must provide incentives to boards of education for establishing these partnerships.

EFFECTIVE DATE: July 1, 2022

## **§ 6 — DCF MOBILE CRISIS RESPONSE SERVICES**

*Requires DCF to make mobile crisis response services available to the public 24 hours a day, seven days a week*

The bill requires, for FY 23, and each year after, DCF to make mobile crisis response services available to the public 24 hours a day, seven days a week.

The bill also allocates \$3 million, for FYs 23-24, to DMHAS to enhance mobile crisis services, from the federal funds the state received pursuant to the American Rescue Plan Act of 2021 (P.L. 117-2)(see §§ 40-41).

EFFECTIVE DATE: July 1, 2022

## **§ 7 — SOCIAL DETERMINANTS OF MENTAL HEALTH FUND**

*Establishes a "Social Determinants of Mental Health Fund" and requires the DCF commissioner to use the funds to assist families in covering the costs of mental health services and treatment for their children*

The bill creates a "Social Determinants of Mental Health Fund" as a separate, nonlapsing General Fund account that must contain any money the law requires to be deposited into it. The DCF commissioner (1) must use the funds to help families cover the cost of mental health services and treatment for their children and (2) can accept federal funds or private grants or gifts to do so.

The bill requires the DCF commissioner to set eligibility criteria for families to receive assistance based on social determinants of health, with the goal of reducing racial, ethnic, gender, and socioeconomic mental health disparities. Under the bill, social determinants of mental health include discrimination and social exclusion, adverse early life experiences, low educational attainment, poor educational quality and educational inequality, poverty, income inequality and neighborhood deprivation, food insecurity, unemployment, underemployment and job insecurity, poor housing quality and housing instability, impact of climate change, adverse features of the built environment, and poor access to health care.

The bill also allocates \$1 million, for FYs 23-24, to DCF to administer the fund from the federal funds the state received pursuant to the American Rescue Plan Act of 2021 (P.L. 117-2) (see §§ 42-43):

EFFECTIVE DATE: July 1, 2022

### **§§ 8-9 — MENTAL HEALTH PLAN FOR STUDENT ATHLETES**

*Requires SDE to establish, and boards of education to implement, a mental health plan for student athletes to raise awareness about available resources*

Under the bill, SDE must establish a mental health plan for student athletes in collaboration with the intramural and interscholastic athletics governing authority. (A local or regional board of education governs its own intramural athletics. The Connecticut Interscholastic Athletics Conference (CIAC), a private nonprofit organization, governs high school interscholastic athletics.)

The plan must be made available to local and regional boards of education to raise awareness about available mental health resources for student athletes, and all boards of education must implement it beginning in the 2023-24 school year. SDE must also post the plan on its website and provide technical assistance to boards of education implementing the plan.

The plan must cover:

1. access to the school district's mental health services team,

2. screening and recognizing appropriate referrals for student athletes,
3. communication among mental health services team members,
4. student athlete medication management,
5. crisis intervention services,
6. mitigation of student athletes' risk, and
7. transition care for student athletes leaving athletics due to graduation, dismissal, or suspension.

EFFECTIVE DATE: July 1, 2022

#### **§ 10 — DCF INSTRUCTIONAL PROGRAM**

*Requires DCF to conduct an instructional program using a training model that enables participants to provide adolescent screening, brief intervention, and referral to treatment training to others*

The bill requires DCF to conduct an instructional program using a training model that enables participants to provide adolescent screening, brief intervention, and referral to treatment training to other people after they complete the program. DCF must offer the program to employees of:

1. local or district health departments,
2. youth service bureaus,
3. municipalities,
4. paid municipal or volunteer fire departments,
5. local police departments, and
6. local or regional boards of education.

DCF must conduct the instructional program at least four times a year, at no charge to participants, and may conduct each session in a different region of the state during the year.

The bill (1) requires local health departments to offer free training in adolescent screening, brief intervention, and referral to treatment to their employees or members of the public and (2) allows district health departments, youth service bureaus, municipalities, paid municipal or volunteer fire departments, local police departments, or boards of education to provide these trainings. The employee providing the instructional program must have participated in the program conducted by DCF.

EFFECTIVE DATE: Upon passage

## **BACKGROUND**

### ***Related Bill***

sHB 5244 (§ 4), reported favorably by the Children's Committee, contains an identical provision requiring DCF to conduct an instructional program that teaches participants how to provide adolescent screening, brief intervention, and referral to treatment training to other individuals.

## **§§ 11-17 — PROVISION OF FREE MENSTRUAL PRODUCTS**

*Requires (1) certain government agencies and public and private organizations to provide free menstrual products to the individuals they serve and (2) DPH to set guidelines on how to do this*

This bill requires the Department of Public Health (DPH) commissioner, by July 1, 2022, to (1) set guidelines on how free menstrual products (i.e., tampons and sanitary napkins) may be provided without stigmatizing the individuals requesting or seeking them and (2) post the guidelines on the department's website (§ 11).

The bill also requires certain government agencies and public or private organizations to provide free menstrual products to the individuals they serve without stigmatizing them in accordance with the DPH guidelines. Under the bill, the agencies and organizations must provide free menstrual products as follows:

1. as is currently law, York Correctional Institution, to inmates upon request (§ 12);

2. local and regional boards of education, in restrooms that are accessible to students, beginning with the 2022-2023 school year (§ 13);
3. public higher education institutions, in at least one designated and accessible central location on each campus and they must post notice of the location on their websites (§ 14);
4. public or private homeless shelters that receive grants from the housing commissioner, in each restroom that is accessible to residents (§ 15); and
5. domestic violence emergency shelters, in each restroom that is accessible to residents (§ 17).

The bill allows the Department of Corrections (DOC), local and regional boards of education, public institutions of higher education, and homeless and domestic violence shelters to (1) accept donations of menstrual products and grants from any source to purchase menstrual products and (2) partner with a nonprofit or community-based organization to carry out the bill's requirements.

It also makes a technical change by replacing the term "feminine hygiene" with the term "menstrual" throughout the statutes (§§ 12 & 16).

EFFECTIVE DATE: September 1, 2022, except the provisions (1) regarding the DPH guidelines and one technical change are effective upon passage and (2) on the local and regional boards of education and the public higher education institutions provision of free menstrual products are effective July 1, 2022.

### **§ 18 — UCONN STUDY – SOCIAL MEDIA AND TELEPHONE IMPACT**

*Requires UConn to study the impact of social media and mobile telephone use on the mental health of K-12 students*

The bill requires UCONN's Neag School of Education to (1) study and evaluate the impact of social media and mobile telephone usage on a student's mental health from kindergarten through grade 12, and (2)

by January 1, 2024, report its findings and any recommendations to the Children and Public Health committees.

Under the bill, the study must include how it impacts the student's educational experience and the school's climate.

EFFECTIVE DATE: July 1, 2022

## **§ 19 — FAMILY CHILD CARE HOME STAFFING AND ENROLLMENT**

*Requires family child care homes to employ an OEC-approved assistant to care for more than six and up to nine children year round rather than only during the summer and for children that are not the provider's own children; allows all of a family child care home provider's own children to attend during any time of year*

Under current law, a family child care home may care for up to six children, including the provider's own children who are not in school full time, plus three additional children during the regular school year who are in school full time. However, if the provider has more than three children who are in school full time, then all of the provider's children may attend.

During the summer months when school is not in session, current law requires the family child care home to employ an OEC-approved assistant or substitute staff member for up to three additional school-aged children beyond the six to attend, including the provider's own children. However, currently, additional staff is not required if all the additional children are the provider's own.

The bill maintains the base maximum number of enrolled children at six throughout the year, including the provider's own children who are not enrolled in school full time. However, the bill requires the employment of an OEC-approved assistant or substitute at all times of the year, rather than only in the summer as under current law, to enroll up to three more children, for a maximum total of nine. It also allows the three additional children to be any mix of ages, rather than specifying that they must be enrolled in school full time as required under current law. (It is unclear whether the assistant or substitute staff member must be present in addition to and simultaneously with the provider.)

Additionally, the bill allows all of the family child care home provider's own children to attend at any time of the year, regardless of their school enrollment status. (It is unclear whether the six-child, year-round cap and the nine-child, year-round cap include all of the provider's children (see COMMENT).)

EFFECTIVE DATE: July 1, 2022

## **COMMENT**

### ***Conflict***

The bill allows all of the child care provider's own children of any age to attend the family child care home at any point in the year; however, it simultaneously caps the number of children attending at six (including the provider's own children who are not in school full time) or at nine with an assistant present. It is unclear whether the six- or nine-child cap includes any of the provider's own children.

## **BACKGROUND**

### ***Related Bill***

HB 5465, § 11, favorably reported by the Education Committee, contains an identical provision to § 19 in this bill on family child care home staffing and enrollment.

## **§ 20 — EARLY CHILDHOOD EDUCATION NEEDS ASSESSMENTS**

*Allows local and regional school readiness councils to convert surplus unused school readiness spaces to infant and toddler spaces following a local needs assessment and requires school readiness councils to conduct needs assessments as necessary*

By law, a town seeking to apply for certain grants must establish a regional school readiness council or convene a local school council. The bill requires local school readiness councils to conduct, as needed, a needs assessment for early childhood education for children and families in the community. It also allows a regional school readiness council to conduct this needs assessment.

The bill allows a local regional school readiness council, on and after July 1, 2022, and following a local needs assessment that reveals a surplus of unused school readiness space, to convert the unused spaces to infant and toddler spaces. The council may do so, as long as the per

child cost for the converted space does not exceed the per child cost for infant and toddler spaces for state-funded child care centers.

EFFECTIVE DATE: July 1, 2022

## **BACKGROUND**

### ***Related Bills***

SB 1 (§ 12), reported favorably by the Education Committee, contains similar provisions allowing local and regional boards of education to convert surplus unused school readiness spaces to infant and toddler spaces following a needs assessment.

HB 5465 (§ 12), reported favorably by the Education Committee, contains an identical provision allowing local and regional boards of education to convert surplus unused school readiness spaces to infant and toddler spaces following a local needs assessment.

## **§ 21 — FAMILY CARE COORDINATORS**

*Requires local and regional boards of education to hire or designate an existing employee to serve as the district's family care coordinator*

The bill requires, beginning in the 2022-23 school year and for each subsequent school year, each local and regional board of education to hire or designate an existing employee to serve as the district's family care coordinator. The family care coordinator must work with school social workers and school psychologists under the board's jurisdiction and serve as the school system's liaison with mental health service providers to (1) provide students with access to mental health resources in the community and (2) bring mental health services to students in school.

EFFECTIVE DATE: July 1, 2022

## **§ 22 — CHILD CARE CENTER TAX ABATEMENT**

*Authorizes municipalities to establish a property tax abatements for properties used for child care centers, group child care homes, or family child care homes*

The bill authorizes municipalities to establish a property tax abatement for property or part of a property (1) used for operating a child care center, group child care home, or family child care home and

(2) owned by the person, persons, association, organization, corporation, institution, or agency holding the child care license. Under this program, municipalities may abate up to 100% of property taxes due on the property for up to five tax years.

Municipalities may establish the program by vote of their legislative bodies, or board of selectmen where the town meeting is the legislative body.

EFFECTIVE DATE: October 1, 2022, and applicable to assessment years beginning on or after that date.

### **§ 23 — OEC REGULATIONS ON PARENTAL NOTIFICATION**

*Requires the OEC commissioner to adopt regulations requiring child facilities to notify parents about certain incidents resulting in a child's injury or illness*

The bill requires the Office of Early Childhood (OEC) commissioner to adopt regulations requiring child care centers or group child care homes (see definitions below) to:

1. immediately notify an enrolled child's parent or guardian if the child becomes ill or is injured while in the care of the center or home and
2. create a specific written record of the illness or injury.

Under the bill the written record must:

1. include (a) a description of the illness or injury; (b) the date, time, and location of the incident, (c) any action an employee takes in response; and (d) whether the child was transported to an emergency room, a doctor's office, or other medical facility because of the illness or injury;
2. be provided to the child's parent or guardian by the next business day; and
3. be kept by the center or home for at least two years, and
4. be made immediately available upon OEC's request.

The bill also requires OEC to specify in its regulations that a child care center or group child care home must (1) maintain any video recordings created at the center or home for at least 30 days and (2) make the recordings immediately available upon OEC's request.

It also makes conforming changes.

EFFECTIVE DATE: July 1, 2022

## **DEFINITIONS**

### ***Child Care Facilities***

By law, a "child care center" is a one that offers or provides supplementary care to more than 12 children outside their own homes on a regular basis.

A "group child care home" is one that (1) offers or provides supplementary care to between seven and 12 children on a regular basis or (2) meets the "family child care home" definition, but does not operate in a private family home.

A "family child care home" generally is a private family home where care is provided on a regular basis to up to six children, including the provider's own children not in school full time, where the children are cared for at least three, but no more than 12, hours during a 24-hour period. There are some exceptions, including for cases involving extended care or intermittent short-term overnight care (CGS § 19a-77).

## **BACKGROUND**

### ***Related Bill***

SB 122, favorably reported by the Children's Committee contains similar provisions.

## **§ 24 — CHILDREN'S BEHAVIORAL HEALTH CABINET**

*Establishes a 15-member cabinet to assess children's behavioral health services in the state*

The bill establishes a 15-member Children's Behavioral Health Cabinet to assess children's behavioral health services in the state, make recommendations for improvements, and ensure timely access to services for children in need of these services.

### ***Responsibilities***

The bill requires the cabinet to:

1. assess children's behavioral health services in the state to identify areas for improving (a) their delivery, (b) their policies and practices, (c) outcomes for children receiving these services, and (d) patient experiences;
2. make recommendations for improvements; and
3. consult with private insurances, the DSS commissioner, and the Behavioral Health Partnership to ensure timely access to behavioral health services for children who need them.

### ***Membership***

Under the bill, the cabinet members must include the following, or their designees:

1. DCF, DMHAS, DPH, Department of Developmental Service (DDS), DSS, OEC, DOC, SDE, and Insurance commissioners;
2. OPM secretary;
3. healthcare advocate;
4. child advocate;
5. chief court administrator;
6. Office of Health Strategy executive director; and
7. Commission on Women, Children, Seniors, Equity, and Opportunity executive director.

The DCF commissioner or her designee, serves as the cabinet chairperson, and the department must provide support staff to the cabinet. Under the bill, the cabinet must meet at least quarterly, and members are not compensated for their services.

### ***Reporting***

The bill requires the cabinet, by January 1, 2023 and quarterly after that, to submit a status report to the Children's, Insurance, and Public Health committees that includes the previous quarter's findings and recommendations.

EFFECTIVE DATE: July 1, 2022

**§§ 25 & 37 — DCF COST OFFSET**

*Prohibits DCF from using a child's Social Security disability benefits to offset the cost of their care while in DCF care and custody and appropriates \$2.6million to DCF to offset funds lost due to this prohibition*

The bill prohibits DCF from using Social Security disability benefits received by a child or youth in DCF care and custody to offset the cost of his or her care, and appropriates \$2.6 million to DCF from the General Fund, for FY 23 to offset funds lost due to the prohibition.

EFFECTIVE DATE: July 1, 2022

**§ 26 — DSS PILOT PROGRAM EXPANDING BEHAVIORAL HEALTH CARE FOR CERTAIN CHILDREN**

*Requires DSS, in consultation with DPH, to establish a pilot program to expand behavioral health care to children at federally qualified health centers*

The bill requires the DSS commissioner, in consultation with the DPH commissioner, to establish a pilot grant program to expand behavioral health care offered to children at federally qualified health centers.

Under the bill, the DSS commissioner, must:

1. within available appropriations, establish a grant program to provide the health centers a 50% match for the cost of hiring licensed social workers to provide counseling and other services to children receiving primary health care at the health centers;
2. prescribe forms and criteria for the health centers to apply and qualify for grant funds; and
3. require the centers to report to her on the use of the funds to expand behavioral health care for children.

EFFECTIVE DATE: July 1, 2022

## **§§ 27-29 — SAFE STORAGE OF PRESCRIPTION DRUGS AND CANNABIS**

*Requires (1) DCP, by December 1, 2022, to develop documents on the safe storage and disposal of opioid drugs and cannabis and cannabis products and, by December 15, 2022, post the documents on the department's website; and (2) pharmacies and cannabis retailers and hybrid retailers, by January 1, 2023, to post notices about these documents on their premises*

The bill requires DCP, by December 1, 2022, to develop documents on consumers' safe storage and disposal of opioid drugs, cannabis, and cannabis products that include information on best practices for:

1. safely storing these drugs, cannabis, and products in a way that makes them inaccessible to children and
2. disposing of the unused and expired ones.

The bill also requires the DCP commissioner to post the documents on the DCP website by December 15, 2022.

It also requires pharmacies and cannabis retailers and hybrid retailers, by January 1, 2023, to post a sign in a conspicuous place on their premises notifying consumers that they may visit DCP's website for information on safe storage and disposal.

EFFECTIVE DATE: July 1, 2022

## **BACKGROUND**

### ***Related Bill***

sHB 5155, favorably reported by the Children's Committee, contains similar provisions.

## **§ 30 — HOSPICE DISPOSAL OF CONTROLLED SUBSTANCE**

*Requires certain hospice and hospice care programs to dispose of any unconsumed (presumably) controlled substance they dispensed or administered to a terminally ill person*

The bill requires licensed hospice and hospice care programs that provide hospice home care services for terminally ill people to dispose any controlled substance that they dispensed or administered to a terminally ill person. They must do so as soon as practicable after the person's death, in a way that complies with applicable state and federal

laws. (Presumably, this refers to remaining amounts of controlled substances not consumed by the deceased.)

Under the bill, a “controlled substance” is a drug, substance, or immediate precursor in schedules I to V of the Connecticut controlled substance scheduling regulations. The term does not include alcohol, nicotine, or caffeine.

EFFECTIVE DATE: October 1, 2022

### **§ 31 — TRANSITIONAL HOUSING GRANTS FOR HOMELESS YOUTH**

*Establishes a "transitional housing for youths experiencing homelessness account" and requires DOH to use the funds to provide grants for transitional housing for individuals under age 21 experiencing homelessness*

The bill creates a "transitional housing for youths experiencing homelessness account" as a separate, nonlapsing account in the General Fund, which must contain any money the law requires to be deposited into it. Under the bill, the DOH commissioner must use the funds to provide grants for transitional housing for individuals under age 21 experiencing homelessness. The DOH commissioner must establish a grant application process, eligibility criteria, and a formula for determining the grant amount to be awarded.

The bill requires DOH to implement policies and procedures to implement the program while adopting regulations, provided the department posts notice of intent to adopt the regulations on the state’s eRegulations System within 20 days of implementing them. The policies and procedures are valid until regulations are adopted.

EFFECTIVE DATE: July 1, 2022

### **§ 32 — CHILD CARE TAX CREDIT STUDY**

*Requires DRS to conduct a study to identify options for establishing a personal income tax credit for taxpayers with dependent children enrolled in child care*

The bill requires the DRS commissioner to conduct a study to identify options for establishing a personal income tax credit against for taxpayers with dependent children enrolled in child care. By January 1, 2023, the commissioner must report on the study’s findings and any

recommendations to the Children's Committee.

EFFECTIVE DATE: Upon passage

**§ 33 — FINANCIAL ASSISTANCE FOR CHILD CARE FACILITY EMPLOYEES' OUT-OF-POCKET MEDICAL COSTS**

*Requires DSS, in consultation with the State Comptroller, to conduct a study to identify ways the state can financially assist child care facility employees with out-of-pocket medical costs*

The bill requires the DSS commissioner, in consultation with the State Comptroller, to study ways the state can provide financial assistance to child care facility employees for out-of-pocket medical costs.

By January 1, 2023, the commissioner must report to the Children's Committee on the study's findings, which must include an analysis of whether child care facility employees are eligible to participate in the State Partnership Plan 2.0, and any legislative recommendations.

EFFECTIVE DATE: Upon passage

**§ 34 — TASK FORCE TO STUDY CHILDREN'S NEEDS**

*Reconvenes a 25-member task force to continue to study the (1) comprehensive needs of children in the state and (2) extent to which educators, community members, and local and state agencies are meeting them*

PA 21-46 (§ 30) established a 25-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. The task force submitted its findings to the Children's Committee in December of 2021 and terminated on January 1, 2022.

The bill reconvenes the task force to continue to study children's needs and tasks them with the same responsibilities as before.

***Task Force Duties***

As under PA 21-46 (§ 30), the bill requires the task force to:

1. identify 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 run by educators or local or state agencies to better address children's needs;
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);
4. identify and advocate for funds and other resources required to meet the needs of children in the state;
5. identify redundancies in existing services or programs for children and advocate for eliminating them; and
6. assess all publicly available data on the identified needs and collect, or make recommendations for the state to collect, any data that is not being collected by educators, community members, or local or state agencies.

***Membership and Appointing Authorities***

As under PA 21-46 (§ 30), the bill requires the task force to consist of the following 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;
  11. the chief court administrator, or his designee; and
  12. the director of Special Education Equity for Kids of Connecticut, or the director's designee.

Under the bill, if any member declines an appointment, the appointing authority must select a new appointee. 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.

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 and hold the task force's first meeting

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 update the report under PA 21-46 (§ 30) and submit it and any additional findings and recommendations to the Children's Committee by January 1, 2023. The task force terminates on the date that it submits the report or January 1, 2023, whichever is later.

EFFECTIVE DATE: Upon passage

## **§ 35 — MEDICAID STATE PLAN EXPANSION**

*Expands the Medicaid state plan to include services provided by certain licensed master social workers*

Existing law requires the DSS commissioner to include in the Medicaid state plan, services provided by certain licensed behavioral health clinicians in independent practice to Medicaid recipients age 21 or older. Under current law, the Medicaid state plan includes such services provided by licensed psychologists, clinical social workers, alcohol and drug counselors, professional counselors, and marital and family therapists. The bill expands the Medicaid state plan by requiring the DSS commissioner, by October 1, 2022, to include services provided by licensed master social workers working under the supervision of licensed psychologists or licensed clinical social workers.

As under existing law for the other licensed behavioral health clinicians, the bill requires the commissioner to (1) include the licensed master social workers' services as optional services covered under the Medicaid program and (2) provide direct Medicaid reimbursements to those who are enrolled as Medicaid providers and who treat the Medicaid recipients in independent practice settings.

The law also authorizes the commissioner to adopt implementing policies, procedures, and regulations.

EFFECTIVE DATE: July 1, 2022

**§ 36 — PSYCHOLOGY INTERJURISDICTIONAL COMPACT**

*Enters Connecticut into the Psychology Interjurisdictional Compact, which provides a process authorizing psychologists to practice by (1) telehealth and (2) temporary in-person, face-to-face services across state boundaries, without the psychologist having to be licensed in each state*

The bill enters Connecticut into the Psychology Interjurisdictional Compact (PSYPACT). The compact provides a process authorizing psychologists to practice by (1) telehealth (unlimited) and (2) temporary in-person, face-to-face services (30 days per year per state) across state boundaries, without the psychologist having to be licensed in each state. A psychologist can apply for authorization for either or both types of interjurisdictional practice under the compact.

Among various other provisions, the compact:

1. provides eligibility criteria for psychologists to practice under the compact;
2. is overseen by a commission made up of representatives from the participating states;
3. addresses several matters related to disciplinary actions for psychologists practicing under the compact, such as information sharing among participating states and automatic suspension of practice in some circumstances;
4. allows the commission to levy an annual assessment on participating states to cover the cost of its operations;
5. provides that amendments to the compact only take effect if all participating states adopt them into law; and
6. provides a process for states to withdraw from the compact.

A broad overview of the compact appears below.

EFFECTIVE DATE: October 1, 2022

**Compact Overview**

The Psychology Interjurisdictional Compact provides a process authorizing (1) telepsychology or (2) temporary in-person, face-to-face practice in other compact states, without the psychologist having to be licensed in each of the states.

Under the compact, “telepsychology” is the provision of psychological services using telecommunication technologies. “Temporary in-person, face-to-face practice” is the practice of psychology by a psychologist who is physically present, not through telecommunications technologies, in another state for up to 30 days in a calendar year and based on notification to that state.

Under the compact, a “state” is a U.S. state, commonwealth, territory, or possession or the District of Columbia. A “compact state” is a U.S. state, the District of Columbia, or a U.S. territory that is part of the compact (and has not withdrawn or been terminated from it).

A “home state” is a compact state where a psychologist is licensed. If a psychologist is licensed in multiple compact states, (1) for telepsychology, the home state is the compact state where the psychologist is physically present when delivering those services, and (2) for temporary in-person practice, the home state is any state where the psychologist is licensed and practicing under the compact.

A “receiving state” is a compact state where the client or patient is physically located when the telepsychological services are delivered. A “distant state” is the compact state where a psychologist is physically present to provide temporary in-person, face-to-face services.

**Eligibility and Conditions of Practice (§ 36, Art. III-VI)**

Under the compact, a home state’s license authorizes a psychologist to practice in a receiving state (for telepsychology) or distant state (for temporary in-person services) only if the compact state:

1. requires the psychologist to hold an active E.Passport (for telepsychology) or Interjurisdictional Practice Certificate (IPC) (for temporary in-person services);

2. has a mechanism to receive and investigate complaints about licensed individuals;
3. notifies the commission (see below), in compliance with the compact's terms, of any adverse action (generally, public disciplinary action) or significant investigatory information regarding a licensed individual;
4. requires an identity history summary (e.g., FBI data on arrests) of all applicants at initial licensure (including fingerprints or other biometric data checks), no later than 10 years after the compact's activation; and
5. complies with the commission's rules and bylaws.

To be eligible to practice interjurisdictional telepsychology or through temporary in-person services under the compact, a psychologist must hold an unrestricted license in a compact state and hold a graduate psychology degree.

The degree-granting higher education institution must meet specified accreditation or similar requirements (depending on whether it is a domestic or foreign school). The psychology program itself also must meet several requirements, such as that it (1) is clearly identified and labeled as a psychology program, (2) includes a curriculum of at least three academic years of full-time graduate study for a doctorate, and (3) includes an acceptable residency.

The psychologist also must:

1. have no adverse action or criminal record history that violates the commission's rules;
2. possess a current, active E.Passport (for telepsychology) or IPC (for temporary in-person practice);
3. provide attestations on specified matters (e.g., areas of intended practice) and an information release; and

4. meet other criteria as defined by commission rules.

Under the compact, “E.Passport” is the Interjurisdictional Practice Certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that promotes standardization in interjurisdictional telepsychology practice criteria and facilitates the process for licensed psychologists to provide telepsychological services across state lines. The “IPC” is the certificate issued by the ASPPB that grants temporary authority to practice based on notification to the state psychology regulatory authority of intention to practice temporarily and verification of qualification for that practice.

Currently, many of the specific requirements for the E.Passport and IPC are similar. For example, both require the psychologist to have a current license based on a doctorate. Both the E.Passport and IPC require annual renewal; the former requires three hours of continuing education on use of technology in psychology.

The compact establishes certain other rules for which states maintains authority over a psychologist practicing under the compact. For example, it provides that:

1. the home state maintains authority over the license of any psychologist practicing in a receiving state under the authority to practice interjurisdictional telepsychology;
2. a psychologist practicing in a distant state under the temporary authorization to practice is subject to that state’s authority and law; and
3. a psychologist practicing under the compact must do so within the scope of practice of the receiving or distant state (for telepsychology or temporary in-person practice, respectively).

For telepsychology under the compact, the psychologist also must (1) initiate the client or patient contact in a home state via telecommunications technologies and (2) comply with other commission rules.

***Adverse Actions, Regulatory Board Authority, and Coordinated Licensure Information System (§ 36, Art. IV-V, VII-IX)***

The compact addresses several matters related to investigation and discipline of psychologists practicing under its procedures. For example:

1. a home state may take adverse action against a psychologist license issued by that state, and a receiving or distant state may take adverse action on a psychologist's authority to practice interjurisdictional telepsychology or temporary authorization to practice in that state under the compact;
2. if the home state or a receiving or distant state takes such action, the psychologist's E.Passport or IPC is revoked;
3. a home state's psychology regulatory authority must investigate and take appropriate action with respect to reported inappropriate conduct in a receiving state as if the conduct had happened in the home state, and the home state's law controls in determining any adverse action against the license;
4. a distant state's psychology regulatory authority must investigate and take appropriate action with respect to reported inappropriate conduct in that state as if the conduct had happened in the home state, and the distant state's law controls in determining any adverse action against the authorization to practice;
5. in addition to authority granted under state laws, psychology regulatory boards have specified authority under the compact, such as issuing cease and desist or injunctive relief orders to revoke a psychologist's authority to practice interjurisdictional telepsychology or temporary authorization to practice;
6. psychologists are prohibited from changing their home state licensure during an investigation, and home state regulatory authorities must promptly report the conclusion of investigations to the commission;

7. the commission must provide for the development of a coordinated database for compact states to report and share information on disciplinary action against psychologists; and
8. compact states must submit the same information on all licensees for inclusion in the database, and the database administrator must promptly notify all compact states of any adverse action against, or significant investigative information on, any licensee in a compact state.

***Psychology Interjurisdictional Compact Commission (§ 36, Art. X-XI)***

The compact is administered by the Psychology Interjurisdictional Compact Commission, which consists of one voting member appointed by each compact state's psychology regulatory authority. The compact sets forth several powers, duties, and procedures for the commission. For example, the commission:

1. may promulgate rules to facilitate and coordinate the compact's implementation and administration (a rule has no effect if a majority of the legislatures of the compact states reject it in the same manner used to adopt the compact),
2. may levy and collect an annual assessment from each compact state and impose fees on other parties to cover the costs of its operations, and
3. must have its receipts and disbursements audited yearly and the audit report included in the commission's annual report.

The compact addresses several other matters regarding the commission and its operations, such as establishing conditions under which its officers and employees are immune from civil liability.

***Compact Oversight, Enforcement, Member Withdrawal, and Related Matters (§ 36, Art. XII-XIV)***

Among other related provisions, the compact provides that:

1. each compact state's executive, legislative, and judicial branches

- must enforce the compact and take necessary steps to carry out its purposes (§ 36, Art. XII(a));
2. the commission must take specified steps against a compact state in default, and after all other means of securing compliance have been exhausted, a defaulting state is terminated from the compact upon a majority vote of the compact states (§ 36, Art. XII(b));
  3. upon a compact state's request, the commission must attempt to resolve a compact-related dispute among compact states or between compact and non-compact states (§ 36, Art. XII(c));
  4. the commission must enforce the compact and rules, and may bring legal action against a compact state in default upon a majority vote of its commissioners (the case may be brought in the U.S. District Court in Georgia or the federal district where the commission's principal offices are located) (§ 36, Art. XII(d));
  5. a compact state may withdraw from the compact by repealing that state's enabling legislation, but withdrawal does not take effect until six months after enactment of the repealing statute (§ 36, Art. XIII(c));
  6. the compact states may amend the compact, but no amendment takes effect until it is enacted into law by all compact states (§ 36, Art. XIII(e)); and
  7. the compact's provisions must be liberally construed to carry out its purposes, and if the compact is held to violate a compact state's constitution, the compact remains in effect in the remaining compact states (§ 36, Art. XIV).

***Background — Related Bills***

HB 5046 (§ 2) and HB 5395 (§ 2), each favorably reported by the Public Health Committee, contain identical provisions on the Psychology Interjurisdictional Compact.

**§§ 38, 40-43 & 45 — AMERICAN RESCUE PLAN ACT OF 2021  
ALLOCATIONS TO OEC, DMHAS, AND DCF**

*Allocates funds from federal COVID-19 relief funds for emergency support grants to state child care centers to OEC for emergency support grants to state child care workers; DMHAS to enhance mobile crisis services, and DCF (1) to administer the Social Determinants of Mental Health Fund and (2) for youth service bureau enhancement*

The bill allocates the following from the federal funds the state received pursuant to the American Rescue Plan Act of 2021 (P.L. 117-2) (see BACKGROUND):

1. 1. \$20 million, for FY 23, to OEC for emergency support grants to state child care centers (§ 38);
2. 2. \$3 million, for FYs 23-24, to DMHAS to enhance mobile crisis services (§§ 40 & 41);
3. \$1 million, for FYs 23-24, to DCF to administer the Social Determinants of Mental Health Fund (§§ 42 & 43); and
4. \$3,093,973, for FY 23, to DCF for youth service bureau enhancement (§ 45).

EFFECTIVE DATE: Upon passage

**BACKGROUND**

***Allocation of Federal COVID-19 Relief Funds***

Special Act 21-1 establishes a process for legislative review and approval of most allocations of American Rescue Plan funds. Under the act, the governor must submit to the legislature recommended allocations by April 26, 2021, and the Appropriations Committee must review them and recommend changes. The act requires that final allocations of the funds be authorized by a public or special act and prohibits the disbursement of funds prior to the passage of such an act. It also requires the OPM secretary to submit a report, by the same deadline, with a (1) full accounting of funds spent from the CARES Act and the Coronavirus Response and Relief Supplemental Appropriations act and (2) plan for disbursing any remaining funds.

**§ 39 — CHILD CARE CENTER TECHNICAL ASSISTANCE AND BUSINESS CONSULTING**

*Appropriates \$160,000 to OEC for technical assistance and business consulting services for child care centers*

The bill appropriates \$160,000 to OEC from the General Fund, for FY 23, for technical assistance and business consulting services for state child care centers.

EFFECTIVE DATE: Upon passage

**§ 44 — MINORITY TEACHER SCHOLARSHIP PROGRAM**

*Appropriates \$30,000 to SDE for the hiring of a full-time employee to administer the minority teacher candidate scholarship program*

The bill appropriates \$30,000 to SDE from the General Fund for FY 23 to hire a full-time employee to administer the minority teacher candidate scholarship program.

**COMMITTEE ACTION**

Committee on Children

Joint Favorable

Yea 11    Nay 2    (03/15/2022)