



Agency Legislative Proposal - 2021 Session

Document Name: 100120_DCF_DCFBill2

(If submitting electronically, please label with date, agency, and title of proposal – 092621_SDE_TechRevisions)

State Agency: Department of Children and Families

Liaison: Vincent Russo

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Lead agency division requesting this proposal: Commissioner's Office

Agency Analyst/Drafter of Proposal: Vincent Russo

Title of Proposal: AAC the Statewide Advisory Council and Youth Service Bureaus

Statutory Reference: 17a-4; 10-9m

Proposal Summary:

Section 1: Include a health care professional on the membership of the Statewide Advisory Council on Children and Families. Sections 2 through 6 transfer the statutes regarding Youth Service Bureaus from Title 10 to Tile 17a.

PROPOSAL BACKGROUND

◇ **Reason for Proposal**

Please consider the following, if applicable:

- (1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?
- (2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)? Are other states considering something similar this year?
- (3) Have certain constituencies called for this action?
- (4) What would happen if this was not enacted in law this session?

The Statewide Advisory Council requested that a health care professional with expertise in children's health be added to the council. The health of the children in the care and custody of DCF is our responsibility and one of the outcome measures reviewed by the federal Court Monitor. Having a medical expert on the council will provide professional guidance as they consider ways to improve the state's child welfare system.

In 2019, the oversight of the Youth Service Bureaus was given to DCF from SDE. This change would transfer the statutes pertaining to Youth Service Bureaus to the sections under Title 19 where the bureaus' statutory citations were historically found.

◇ **Origin of Proposal**

New Proposal

Resubmission



If this is a resubmission, please share:

- (1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
- (2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
- (3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
- (4) What was the last action taken during the past legislative session?

PROPOSAL IMPACT

◇ **AGENCIES AFFECTED** (please list for each affected agency)

Agency Name: <i>(name, title, phone):</i> Date Contacted:
Approve of Proposal <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Talks Ongoing
Summary of Affected Agency's Comments
Will there need to be further negotiation? <input type="checkbox"/> YES <input type="checkbox"/> NO

◇ **FISCAL IMPACT** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation) None
State None
Federal
Additional notes on fiscal impact

◇ **POLICY and PROGRAMMATIC IMPACTS** (Please specify the proposal section associated with the impact)

The health of the children in the care and custody of DCF is a key area of our jurisdiction and one of the outcome measures reviewed by the federal Court Monitor. Having a medical expert on the State Advisory Council will provide professional guidance as they consider improving the child welfare system in the state.



◇ EVIDENCE BASE

What data will be used to track the impact of this proposal over time, and what measurable outcome do you anticipate? Is that data currently available or must it be developed? Please provide information on the measurement and evaluation plan. Where possible, those plans should include process and outcome components. Pew MacArthur Results First [evidence definitions](#) can help you to establish the evidence-base for your program and their [Clearinghouse](#) allows for easy access to information about the evidence base for a variety of programs.

Insert fully drafted bill here

Section 1. Section 17a-4 of the general statutes is repealed and the following substituted in lieu thereof. (Effective October 1, 2021)

(a) There shall be a State Advisory Council on Children and Families which shall consist of [nineteen] twenty members as follows: (1) [Thirteen] fourteen members appointed by the Governor, including two persons who are child care professionals, two persons eighteen to twenty-five years of age, inclusive, served by the Department of Children and Families, one child psychiatrist licensed to practice medicine in this state, one health care professional licensed in the state who has expertise in children's health and one attorney who has expertise in legal issues related to children and youth and seven persons who shall be representative of young persons, parents and others interested in the delivery of services to children and youths, including child protection, behavioral health and prevention services, at least four of whom shall be parents, foster parents or family members of children who have received, or are receiving, behavioral health services or child welfare services; and (2) six members representing the regional advisory councils established pursuant to section 17a-30, appointed one each by the members of each council. [On and after October 1, 2014, no] No more than half the members of the council shall be persons who receive income from a private practice or any public or private agency that delivers mental health, substance abuse, child abuse prevention and treatment or child welfare services. Members of the council shall serve without compensation, except for necessary expenses incurred in the performance of their duties. The Department of Children and Families shall provide the council with funding to facilitate the participation of those members representing families and youth, as well as for other administrative support services. Members shall serve on the council for terms of two years each and no member shall serve for more than three consecutive terms. The commissioner shall be an ex-officio member of the council without



vote and shall attend its meetings. Any member who fails to attend three consecutive meetings or fifty per cent of all meetings during any calendar year shall be deemed to have resigned. The council shall elect a chairperson and vice-chairperson to act in the chairperson's absence.

(b) The council shall meet quarterly, and more often upon the call of the chair or a majority of the members. The council's meetings shall be held at locations that facilitate participation by members of the public, and its agenda and minutes shall be posted on the department's web site. A majority of the members in office, but not less than six members, shall constitute a quorum. The council shall have complete access to all records of the institutions and facilities of the department in furtherance of its duties, while at all times protecting the right of privacy of all individuals involved, as provided in section 17a-28.

(c) The duties of the council shall be to: (1) Recommend to the commissioner programs, legislation or other matters which will improve services for children and youths, including behavioral health services; (2) annually review and advise the commissioner regarding the proposed budget; (3) interpret to the community at large the policies, duties and programs of the department; (4) issue any reports it deems necessary to the Governor and the Commissioner of Children and Families; (5) assist in the development of and review and comment on the strategic plan developed by the department pursuant to subsection (b) of section 17a-3; (6) receive on a quarterly basis from the commissioner a status report on the department's progress in carrying out the strategic plan; (7) independently monitor the department's progress in achieving its goals as expressed in the strategic plan; and (8) offer assistance and provide an outside perspective to the department so that it may be able to achieve the goals expressed in the strategic plan.

Sec 2. Sec. 10-19m is transferred to Sec. 17a-39.

(a) For the purposes of this section, "youth" means a person from birth to eighteen years of age. (a) For the purposes of this section, "youth" means a person from birth to eighteen years of age. Any one or more municipalities or any one or more private youth-serving organizations, designated to act as agents of one or more municipalities, may establish a multipurpose youth service bureau for the purposes of evaluation, planning, coordination and implementation of services, including prevention and intervention programs for delinquent, predelinquent, pregnant, parenting and troubled youths referred to such bureau by schools, police, juvenile courts, adult courts, local youth-serving agencies, parents and self-referrals. A youth service bureau shall be the coordinating unit of community-based services to provide comprehensive delivery of prevention, intervention, treatment and follow-up services.

(b) A youth service bureau established pursuant to subsection (a) of this section may provide, but shall not be limited to the delivery of, the following services: (1) Individual and group counseling;



(2) parent training and family therapy; (3) work placement and employment counseling; (4) alternative and special educational opportunities; (5) recreational and youth enrichment programs; (6) outreach programs to insure participation and planning by the entire community for the development of regional and community-based youth services; (7) preventive programs, including youth pregnancy, youth suicide, violence, alcohol and drug prevention; and (8) programs that develop positive youth involvement. Such services shall be designed to meet the needs of youths by the diversion of troubled youths from the justice system as well as by the provision of opportunities for all youths to function as responsible members of their communities.

(c) The Commissioner of Children and Families shall adopt regulations, in accordance with the provisions of chapter 54, establishing minimum standards for such youth service bureaus and the criteria for qualifying for state cost-sharing grants, including, but not limited to, allowable sources of funds covering the local share of the costs of operating such bureaus, acceptable in-kind contributions and application procedures. The commissioner shall, on December 1, 2011, and biennially thereafter, report to the General Assembly on the referral or diversion of children under the age of eighteen years from the juvenile justice system and the court system. Such report shall include, but not be limited to, the number of times any child is so diverted, the number of children diverted, the type of service provided to any such child, by whom such child was diverted, the ages of the children diverted and such other information and statistics as the General Assembly may request from time to time. Any such report shall contain no identifying information about any particular child.

Sec. 3 Sec. 10-19n is transferred to Sec. 17a-40.

To assist municipalities and private youth-serving organizations designated to act as agents for such municipalities in establishing, maintaining or expanding such youth service bureaus, the state, acting through the Commissioner of Children and Families, shall provide cost-sharing grants, subject to the provisions of this section for (1) the cost of an administrative core unit and (2) the cost of the direct services unit provided by such youth service bureau. No state grant shall be made for capital expenditures of such bureaus. All youth service bureaus shall submit a request for a grant, pursuant to this section and sections [\[10-19m and 10-19o\]](#) [17a-39 and 17a-40a](#), on or before May fifteenth of the fiscal year prior to the fiscal year for which such grant is requested.

Sec. 4. Sec. 10-19o is transferred to Sec. 17a-40a.

(a) The Commissioner of Children and Families shall establish a program to provide grants to youth service bureaus in accordance with this section. Only youth service bureaus which (1) were eligible to receive grants pursuant to this section for the fiscal year ending June 30, 2007, (2) applied for a grant by June 30, 2012, with prior approval of the town's contribution pursuant to subsection (b)



of this section, (3) applied for a grant during the fiscal year ending June 30, 2015, (4) applied for a grant during the fiscal year ending June 30, 2018, with prior approval of the town's contribution pursuant to subsection (b) of this section, or (5) applied for a grant during the fiscal year ending June 30, 2019, shall be eligible for a grant pursuant to this section. Each such youth service bureau shall receive, within available appropriations, a grant of fourteen thousand dollars. The Department of Children and Families may expend an amount not to exceed two per cent of the amount appropriated for purposes of this section for administrative expenses. If there are any remaining funds, each such youth service bureau that was awarded a grant in excess of fifteen thousand dollars in the fiscal year ending June 30, 1995, shall receive a percentage of such funds. The percentage shall be determined as follows: For each such grant in excess of fifteen thousand dollars, the difference between the amount of the grant awarded to the youth service bureau for the fiscal year ending June 30, 1995, and fifteen thousand dollars shall be divided by the difference between the total amount of the grants awarded to all youth service bureaus that were awarded grants in excess of fifteen thousand dollars for said fiscal year and the product of fifteen thousand dollars and the number of such grants for said fiscal year.

(b) In order for a youth service bureau to receive the full amount of the state grant determined pursuant to subsection (a) of this section, a town shall contribute an amount equal to the amount of the state grant. A town shall provide not less than fifty per cent of its contribution from funds appropriated by the town for that purpose, and the remaining amount in other funds or in-kind contributions in accordance with regulations adopted by the Commissioner of Children and Families in accordance with chapter 54.

(c) Any funds remaining due to a town's failure to match funds as provided in subsection (b) of this section shall be redistributed in accordance with the provisions of this section. The Commissioner of Children and Families shall adopt regulations in accordance with the provisions of chapter 54 to coordinate the youth service bureau program and to administer the grant system established pursuant to this section and sections [\[10-19m and 10-19n\]](#) [17a-39 and 17a-40](#).

Sec. 5. Sec. 10-19p is transferred to Sec. 17a-41.

The Department of Children and Families shall provide grant management services, program monitoring, program evaluation and technical assistance to such state-aided youth service bureaus, and the Commissioner of Children and Families may assign or appoint necessary personnel to perform such duties, subject to the provisions of chapter 67.



Sec. 6. Sec. 10-19q is transferred to Sec. 17a-41a.

(a) The Department of Children and Families shall administer, within available appropriations, an enhancement grant program for youth service bureaus. The department shall annually award grants in the amounts of: (1) Three thousand three hundred dollars to youth service bureaus that serve a town with a population of not more than eight thousand or towns with a total combined population of not more than eight thousand; (2) five thousand dollars to youth service bureaus that serve a town with a population greater than eight thousand, but not more than seventeen thousand or towns with a total combined population greater than eight thousand, but not more than seventeen thousand; (3) six thousand two hundred fifty dollars to youth service bureaus that serve a town with population greater than seventeen thousand, but not more than thirty thousand or towns with a total combined population greater than seventeen thousand, but not more than thirty thousand; (4) seven thousand five hundred fifty dollars to youth service bureaus that serve a town with a population greater than thirty thousand, but not more than one hundred thousand or towns with a total combined population greater than thirty thousand, but not more than one hundred thousand; and (5) ten thousand dollars to youth service bureaus that serve a town with a population greater than one hundred thousand or towns with a total combined population greater than one hundred thousand.

(b) Notwithstanding the provisions of this section, for the fiscal year ending June 30, 2020, and each fiscal year thereafter, the amount of grants payable to youth service bureaus shall be (1) reduced proportionately if the total of such grants in such year exceeds the amount appropriated for such grants for such year, or (2) increased proportionately if the total of such grants in such year is less than the amount appropriated for such grants in such year.



Agency Legislative Proposal - 2021 Session

Document Name: 100120_DCF_DCFBill1

(If submitting electronically, please label with date, agency, and title of proposal – 092621_SDE_TechRevisions)

State Agency: Department of Children and Families

Liaison: Vincent Russo

Phone: (860) 461-6689

E-mail: vincent.russo@ct.gov

Lead agency division requesting this proposal: Commissioner's Office

Agency Analyst/Drafter of Proposal: Vincent Russo

Title of Proposal: AAC the Department of Children and Families

Statutory Reference: 46b-127; 17a-3; 17a-4; 17a-22bb; 46b-129; 17a-93; 17a-63

Proposal Summary:

Section 1: Technical fix removing a reference to DCF in a juvenile justice section.

Sections 2 - 6 and 9: Currently, DCF or organizations under the auspices of the department, must submit approximately 30 statutorily required reports annually. Many of these reports have become obsolete and have been mandated concerning the same subject matter. This provision would either repeal or combine several of these reports. Sections 2 and 3 amend sections 17a-3 and 17a-4 regarding the department's strategic plan and reporting updates to the legislature. The department is mandated to provide the information sought after in this statute to the U.S. Department of Health and Human Services through several federal reports. Rather than duplicate efforts, this proposed amendment will require DCF to submit all of those federal reports to the legislature in accordance with section 11-4a. Section 4 deletes several subsections of 17a-22bb regarding the development of an implementation plan for meeting the mental, emotional and behavioral health needs of children. The due date for several of these one-time reports has passed. Section 5 repeals a requirement under 46b-129 that the department report on the number of cases in which an adult with a significant relationship with a child has been identified as a permanency resource. Current practice dictates that the department explore family and fictive kin resources in every case. DCF staff meets with family members and others close to the child in question to determine if any adult known to the child is able to bring the child into their home. The department is also statutorily mandated to contact grandparents to ascertain their ability and willingness to provide their grandchild a home with them. Given the widespread use of this practice, and our efforts to increase placement with relatives and fictive kin, this reporting requirement is unnecessary. Section 9 repeals a report under 17a-63 regarding the administrative case reviews. The



report is submitted within available appropriations and the data tracking systems we have would need significant expensive upgrades in order to capture the information being sought after in this report.

Sections 6, 7 and 8: This language will establish qualified residential treatment programs (QRTP) in state statute. Connecticut must adopt a QRTP protocol in order to continue to claim federal Title IV-E reimbursement for the cost of a child's stay in a congregate care facility, pursuant to the federal Family First Prevention Services Act. Once implemented, only services provided by facilities that meet the federal requirements for a QRTP will be eligible for federal reimbursement. Absent this legislation, the state stands to lose over \$4 million annually in federal reimbursement to the General Fund.

Key components of the proposed legislation include

- Defining QRTPs
- Defining "qualified individuals" as trained professionals or licensed clinicians who will assess a child's needs and recommend whether the child requires treatment in a QRTP or can receive care with in-home services with family or in foster care
- Authorizing the Department to promulgate regulations setting forth QRTP requirements and the qualifications of qualified individuals
- Instituting a required court review and determination process for placements in such facilities

As a way to involve our local partners, the community providers, in the planning process for QRTP implementation, our agency has established a workgroup dedicated to QRTP issues. The workgroup will assist in determining which professionals and clinicians will be qualified individuals and in drafting policy to effectuate the federal law.

PROPOSAL BACKGROUND

◇ Reason for Proposal

Please consider the following, if applicable:

- (1) *Have there been changes in federal/state/local laws and regulations that make this legislation necessary?*
- (2) *Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)? Are other states considering something similar this year?*
- (3) *Have certain constituencies called for this action?*
- (4) *What would happen if this was not enacted in law this session?*

This proposal is meant to streamline and clarify some statutory requirements of the department. By adopting these changes, DCF will be able to relieve some burdensome and repetitive activities allowing us to redeploy those resources more effectively. Sections 7 and 8 will enact legislation creating qualified residential treatment programs (QRTP) in CT. Under the federal Family First Prevention Services Act, the federal government will only reimburse states the cost of a youth receiving treatment at a congregate care facility that is deemed a QRTP. Absent this legislation, the state stands to lose over \$4 million annually in federal reimbursement to the General Fund.



Origin of Proposal **New Proposal** **Resubmission**

If this is a resubmission, please share:

- (1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration’s package?
- (2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
- (3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
- (4) What was the last action taken during the past legislative session?

This proposal passed unanimously out of the Committee on Children in the 2020 session. The session was cancelled due to COVID-19.

PROPOSAL IMPACT

AGENCIES AFFECTED (please list for each affected agency)

Agency Name: Judicial Branch
Agency Contact (name, title, phone): Brittany Kaplan Staff Attorney External Affairs Division
 860-757-2215 brittany.kaplan@jud.ct.gov
Date Contacted: February 2020

Approve of Proposal **YES** **NO** **Talks Ongoing**

Summary of Affected Agency’s Comments

I was able to check in with everyone and they’re still good with the language. Thanks for sending it over Best, Brittany

Will there need to be further negotiation? **YES** **NO**

FISCAL IMPACT (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)

None

State

Absent this legislation, the state stands to lose over \$4 million annually in federal reimbursement to the General Fund.

Federal

Additional notes on fiscal impact



Connecticut must adopt a QRTP protocol in order to continue to claim federal Title IV-E reimbursement for the cost of a child's stay in a congregate care facility, pursuant to the federal Family First Prevention Services Act. Only services provided by facilities that meet the federal requirements for a QRTP will be eligible for federal reimbursement.

◇ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

Alleviate burdensome administrative activities, combine duplicative reports and provide information to policy makers. It will also require additional steps be taken to ensure that a congregate care setting is the last resort for youth in the care and custody of the state.

◇ **EVIDENCE BASE**

What data will be used to track the impact of this proposal over time, and what measurable outcome do you anticipate? Is that data currently available or must it be developed? Please provide information on the measurement and evaluation plan. Where possible, those plans should include process and outcome components. Pew MacArthur Results First [evidence definitions](#) can help you to establish the evidence-base for your program and their [Clearinghouse](#) allows for easy access to information about the evidence base for a variety of programs.

Insert fully drafted bill here

Section 1. Subsection (f) of section 46b-127 of the 2020 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2020*):

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

Sec. 2. Subsection (b) of section 17a-3 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2020*):

(b) **[(1) The department, with the assistance of the State Advisory Council on Children and Families, and in consultation with representatives of the children and families served by the department, providers of services to children and families, advocates, and others interested in the well-being of children and families in this state, shall develop and regularly update a single,**



comprehensive strategic plan for meeting the needs of children and families served by the department. In developing and updating the strategic plan, the department shall identify and define agency goals and indicators of progress, including benchmarks, in achieving such goals. The strategic plan shall include, but not be limited to: (A) The department's mission statement; (B) the expected results for the department and each of its mandated areas of responsibility; (C) a schedule of action steps and a time frame for achieving such results and fulfilling the department's mission that includes strategies for working with other state agencies to leverage resources and coordinate service delivery; (D) strategies, informed by data on referrals, substantiations, removal, placements and retention, by which the department shall identify racial and ethnic disparities within child welfare practice and work to eliminate such disparities; (E) priorities for services and estimates of the funding and other resources necessary to carry them out; (F) standards for programs and services that are based on research-based best practices, when available; and (G) relevant measures of performance.

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

(3) The commissioner shall track and report on progress in achieving the strategic plan's goals not later than October 1, 2010, and quarterly thereafter, to said State Advisory Council. The commissioner shall submit a status report on progress in achieving the results in the strategic plan, in accordance with section 11-4a, not later than July 1, 2011, and annually thereafter to the General Assembly, the joint standing committee of the General Assembly having cognizance of matters relating to children and the Governor.] Not later than July 1, 2020, the Commissioner of Children and Families shall submit, in accordance with the provisions of section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to children and appropriations and to the State Advisory Council for Children and Families the following reports that the commissioner most recently submitted to the Administration for Children and Families pursuant to federal law: (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. Thereafter, the commissioner shall submit, in accordance with the provisions of section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to children and appropriations and to the State Advisory Council for Children and Families said reports not later than thirty days after submission to the Administration for Children and Families.

Sec. 3. Subsection (c) of section 17a-4 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2020*):

(c) The duties of the council shall be to: (1) Recommend to the commissioner programs, legislation or other matters which will improve services for children and youths, including behavioral health services; (2) annually review and advise the commissioner regarding the proposed budget; (3) interpret to the community at large the policies, duties and programs of the department; (4) issue any reports it deems necessary to the Governor and the Commissioner of Children and Families; (5) **[assist in the development of and]** review and comment on the **[strategic plan developed by the department pursuant to]** reports described in subsection (b) of section 17a-3, as amended by this act; (6) **[receive on a quarterly basis from the commissioner a status report on the department's progress in carrying out the strategic plan; (7)]** independently monitor the department's progress in achieving its goals as expressed in **[the strategic plan]** such reports; and (8) offer assistance and provide an outside perspective to the department so that it may be able to achieve the goals expressed in **[the strategic plan]** such reports.

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

(a) **[(1)]** The Commissioner of Children and Families, in consultation with representatives of the children and families served by the department, including children at increased risk of involvement with the juvenile justice system, providers of mental, emotional or behavioral health services for such children and families, advocates, and others interested in the well-being of children and families in this state, shall develop a comprehensive implementation plan, across agency and policy areas, for meeting the mental, emotional and behavioral health needs of all children in the state, and preventing or reducing the long-term negative impact of mental, emotional and behavioral health issues on children. In developing the implementation



plan, the department shall include, at a minimum, the following strategies to prevent or reduce the long-term negative impact of mental, emotional and behavioral health issues on children:

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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



(d) The Department of Children and Families, in collaboration with agencies that provide training for mental health care providers in urban, suburban and rural areas, shall provide phased-in, ongoing training for mental health care providers in evidence-based and trauma-informed interventions and practices.

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

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

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

[(h) On or before October 1, 2018, the Department of Children and Families, in collaboration with the Children's Mental, Emotional and Behavioral Health Plan Implementation Advisory Board, established pursuant to section 17a-22f, shall submit recommendations for addressing any unmet mental, emotional and behavioral health needs of children that are attributed to an increased risk of involvement in the juvenile and criminal justice systems, in accordance with



section 11-4a, to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to children and appropriations.]

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

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

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

(iii) If a child is at least twelve years of age, such child shall, whenever possible, identify not more than three adults with whom such child has a significant relationship and who may serve as a permanency resource. The identity of such adults shall be recorded in the case plan of such child.

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

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



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

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

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

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

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

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

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

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

(8) "Child care facility" means a congregate residential setting licensed by the Department of Children and Families for the out-of-home placement of (A) children or youths under eighteen years of age, or (B) any person under twenty-one years of age who is in full-time attendance in a secondary school, a technical school, a college or state accredited job training



program or is currently homeless or at risk of homelessness, as defined in section 17a-484a;

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

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

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

(12) "Person responsible for the health, welfare or care of a child or youth" means a child's or a youth's parent, guardian or foster parent; an employee of a public or private residential home, agency or institution or other person legally responsible in a residential setting; or any staff person providing out-of-home care, such as the provision of child care services, as described in section 19a-77, in a child care center, group child care home or family child care home;

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

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

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

[\(16\) "Qualified residential treatment program" has the same meaning as provided in section](#)



[472\(k\)\(4\) of the Social Security Act; and](#)

[\(17\) "Qualified individual" has the same meaning as provided in Section 475A\(c\)\(1\)\(D\) of the Social Security Act.](#)

Sec. 7. (NEW) (*Effective from passage*) The Commissioner of Children and Families shall adopt regulations, in accordance with the provisions of chapter 54 establishing standards for qualified residential treatment programs and qualified individuals. Such standards shall include, but not be limited to, (1) staffing at such treatment programs, (2) the care and treatment of children cared for or boarded in such treatment programs, (3) training and qualifications for a qualified individual, and (4) documentation requirements. The commissioner may implement policies and procedures consistent with the provisions of this section while the commissioner is in the process of adopting such regulations, provided the commissioner shall publish notice of intention to adopt regulations on the eRegulations System not later than twenty days after the implementation of such policies and procedures. Any such policies and procedures shall be valid until such final regulations are effective.

Sec. 8 (NEW) (*Effective from passage*) (a) As used in this section, "family" or "family member" means a person related to a child by birth, marriage or other legal means, or fictive kin caregiver, as defined in section 1u7a-114 of the general statutes.

(b) On and after July 1, 2021, or upon approval of the Connecticut Family First Prevention Plan developed by the Department of Children and Families by the federal Administration of Children and Families, whichever is first, a child who is in the care and custody of the Commissioner of Children and Families pursuant to section 46b-129, as amended by this act, who is placed in a qualified residential treatment program shall, not later than thirty days after such placement, be assessed by a qualified individual designated by the commissioner in accordance with the provisions of this section. Such qualified individual shall (1) assess the strengths and needs of the child using an age-appropriate, evidence-based, validated, functional assessment tool approved by the Secretary of the United States Department of Health and Human Services, (2) determine whether the needs of the child can be met with family members or through placement in a foster family, and, if such 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 goals for the child as specified in the permanency plan for the child, and (3) develop a list of child-specific short-



term and long-term mental and behavioral health goals. A qualified individual shall work in conjunction with the child's family permanency planning team while conducting an assessment under this section.

(c) If the qualified individual conducting the assessment required under this section determines that a child should not be placed with family members or in a foster family, the qualified individual shall specify in writing (1) why the needs of the child cannot be met by the child's family or in a foster family, provided a shortage or lack of availability of foster family homes shall not be an acceptable reason for a determination that the child's needs cannot be met in a foster family, (2) why placement in the qualified residential treatment program will provide the child with the most effective and appropriate level of care in the least restrictive environment, and (3) how such placement is consistent with the goals for the child specified in the permanency plan for the child. Such written findings shall be submitted to the commissioner.

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

(2) Not later than fifteen days after the motion for review is filed pursuant to subdivision (1) of this subsection, the court shall (A) review the findings from the assessment of the child and the determination made pursuant to subsection (b) of this section, and the written documentation submitted pursuant to subdivision (1) of this subsection; and (B) determine whether the needs of the child can be met through placement with a foster family or, if not, whether placement of the child in the qualified residential treatment program provides the most effective and appropriate level of care for the child in the least restrictive environment and that such placement is consistent with the goals for specified in the permanency plan for the child. **The purpose of the determination made pursuant to subparagraph (B) of this subdivision shall be solely for the Department of Children and Families to seek foster care maintenance payments under Title IV-E of the Social Security Act.**



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

Sec. 9. Section 17a-63 of the general statutes is repealed. (*Effective from passage*)