



PA 21-140—sSB 872
Committee on Children

AN ACT CONCERNING THE DEPARTMENT OF CHILDREN AND FAMILIES' RECOMMENDATIONS FOR REVISIONS TO THE STATUTES CONCERNING CHILDREN

SUMMARY: This act makes various changes in the laws governing the Department of Children and Families (DCF). It:

1. removes an obsolete reference to DCF (§ 1);
2. eliminates a comprehensive strategic planning requirement and instead requires the department to submit certain federally required reports to the legislature (§§ 2-3);
3. eliminates a requirement that DCF, in collaboration with other agencies, biennially submit a progress report and recommendations on implementing the Connecticut Children's Behavioral Health Plan to the Appropriations and Children's committees (§ 4);
4. repeals obsolete language regarding one-time reporting mandates that have been met (§ 4);
5. repeals a provision requiring DCF to report on the number of cases in which a child identifies an adult with a significant relationship with the child as a permanency resource when developing or revising a permanency plan (§ 5);
6. requires DCF to establish standards for qualified residential treatment programs (QRTPs) (§§ 6-8);
7. adds a licensed health care professional to the State Advisory Council (SAC) on Children and Families (§ 9);
8. repeals a reporting requirement on administrative case reviews (§ 10); and
9. makes other technical and conforming changes.

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

§§ 2-3 — DCF STRATEGIC PLAN REPORTING REQUIREMENTS

The act repeals provisions requiring DCF to develop and regularly update a single, comprehensive strategic plan and report to the legislature on updates to it. Prior law required DCF to (1) develop and update the plan with assistance from the State Council on Children and Families and in consultation with representatives of children and families served by the department, service providers, advocates, and other interested parties; (2) post the plan and updates on its website; and (3) hold regional meetings on the plan to ensure public input.

OLR PUBLIC ACT SUMMARY

The act instead requires DCF to submit reports required under federal law by the Administration for Children and Families (ACF) in order to receive federal funding. Under the act, these reports include (1) the Child and Family Services Plan, (2) the Annual Progress and Services Report, (3) the Final Report of the Child and Family Services Review, and (4) any Program Improvement Plan. It requires the State Council on Children and Families to review and comment on these reports, rather than on the strategic plan.

Prior law required DCF to submit the strategic plan and updates to the governor and legislature. The act instead requires DCF to submit the reports described above to the Children's and Appropriations committees and the State Advisory Council for Children and Families within 30 days after ACF approves them.

§5 — PERMANENCY REPORT

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

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

§§ 6-8 — QUALIFIED RESIDENTIAL TREATMENT PROGRAMS

Definitions

Under the act and federal law, a “QRTP” is an accredited program for children with serious emotional or behavioral disorders or disturbances that, among other things, (1) has a trauma-informed treatment model, (2) has licensed clinical staff available 24 hours per day and seven days per week, and (3) facilitates family member participation in the child’s treatment program, when appropriate (42 U.S.C. 672(k)(4)).

A “qualified individual” is a trained professional or licensed clinician who is not a state employee, or who is not connected to or affiliated with any setting in which children are placed by the state (42 U.S.C. 675a(c)(1)).

Adoption of QRTP Standards

The act requires the DCF commissioner to adopt regulations establishing standards for QRTPs and qualified individuals. Under the act, DCF standards must include (1) staffing at QRTPs, (2) the care and treatment of children cared for or boarded in QRTPs, (3) training and qualifications required for a qualified

OLR PUBLIC ACT SUMMARY

individual, and (4) documentation requirements.

The act does not establish a deadline for the commissioner to establish the standards but allows her to implement policies and procedures consistent with these provisions while in the process of adopting them in regulations. The commissioner must publish notice of intention to adopt regulations on the eRegulations System within 20 days after implementing the policies and procedures.

QRTP Initial Assessment and Placement Determination

Starting by the earlier of July 1, 2021, or the date ACF approves DCF's Connecticut Family First Prevention Plan, the act requires a child in DCF custody who is placed in a QRTP to be assessed by a qualified individual within 30 days after the placement. The qualified individual must:

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

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

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

The act requires the qualified individual to submit this assessment to the DCF commissioner.

QRTP Court Review

Starting by the earlier of July 1, 2021, or the date ACF approves DCF's Connecticut Family First Prevention Plan, the act requires the DCF commissioner to file a motion to review the qualified individual's assessment with the Superior Court that has venue over the assessment. The commissioner must do this within 35 days after the child's placement in a QRTP, provided the child has not been discharged.

OLR PUBLIC ACT SUMMARY

The act requires the court, within 15 days, to (1) review the assessment findings and determination made upon the child's initial placement in a QRTP and (2) determine whether the child's needs can be met through placement with a foster family. If the child's needs cannot be met through a foster family placement, the court must determine whether a QRTP (1) provides the most effective and appropriate level of care for the child in the least restrictive environment and (2) is consistent with the child's permanency plan goals. Under the act, this determination's purpose is only to allow DCF to receive federal reimbursement for the child's care.

Additionally, at any hearing held regarding a child remaining in a QRTP placement, the act requires DCF to submit evidence that:

1. ongoing assessment of the child's strengths and needs continues to support the determination that these needs cannot be met through a foster family placement;
2. placement in the QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment; and
3. the placement is consistent with the child's permanency plan goals.

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

§9 — STATE ADVISORY COUNCIL ON CHILDREN AND FAMILIES (SAC)

By law, the SAC on Children and Families makes recommendations to DCF about programs, legislation, and other matters to improve services, among other things. The act increases the council's membership from 19 to 20 by adding a licensed health care professional with expertise in children's health, appointed by the Governor.

§10 — ADMINISTRATIVE CASE REVIEWS

The act eliminates a requirement for DCF to submit, within available appropriations, an annual report to the Children's Committee on:

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