
Department of Children and Families



Legislative Summary 2022

Department of Children and Families

Summary of Legislation

The following is a compilation of legislation of interest to the Department of Children and Families that passed during the 2022 Regular Session of the General Assembly. These summaries are based largely upon the bill analysis prepared by the General Assembly's Office of Legislative Research. Click on the Public Act Number below to review the statutory language of the Public Act. Please contact Vincent Russo (VINCENT.RUSSO@ct.gov) or Ken Mysogland (KEN.MYSOGLAND@ct.gov) with any questions.

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Public Act 22-31 – H.B. 5230 – AN ACT CONCERNING STANDARDS FOR INTERPRETERS FOR DEAF, DEAFBLIND AND HARD OF HEARING PERSONS

This act makes several changes related to interpreters registered with the Department of Aging and Disability Services (ADS). Existing law establishes qualifications for interpreters in educational, medical or legal settings. The act defines settings that are not educational, medical or legal as “community settings” and may include everyday life activities such as information sharing, employment, social services, entertainment, and civic and community engagements. For medical and legal settings, the act expands the acceptable qualifications for registered interpreters to include holding an Approved Deaf Interpreter credential from the Massachusetts Commission on the Deaf and Hard of Hearing. It also specifies that the circumstances under which interpreters must be credentialed for medical settings are those in which “physical health, mental health, or both” are discussed, rather than those in which “health and wellness” are discussed.

The bill requires ADS to categorize interpreters on its online list of registered interpreters by the settings for which they are qualified. It also requires ADS, the Department of Children and Families (DCF), the Department of Mental Health and Addiction Services (DMHAS), and the Department of Social Services (DSS) to provide information on services for deaf, deafblind and hard of hearing persons on their websites.

EFFECTIVE DATE: October 1, 2022

Public Act 22-42 - S.B. 206 - AN ACT CONCERNING THE DEPARTMENT OF CHILDREN AND FAMILIES' RECOMMENDATIONS FOR REVISIONS TO THE STATUTES CONCERNING CHILDREN

This act expands the entities to whom DCF can disclose certain records without the subject's written consent. The Office of Early Childhood (OEC), The Department of Administrative Services (DAS) and child placing agencies licensed by DCF will be able to request checks of the Child Abuse and Neglect Registry for potential employees using the automated background check system. The act also makes technical clarifications concerning the role of DCF overseeing the education of youth detained in Court Support Services Division (CSSD) run detention centers and Department of Correction (DOC) correctional facilities. Educational services for youth in DOC facilities are administered by Unified School District #1 (USD 1). USD 1 is similar to DCF's USD 2, which oversees the education of youth committed to the Department. The structure of USD 2 is unchanged in the act.

EFFECTIVE DATE: Background check sections are effective July 1, 2022; Educational oversight of juvenile justice facilities sections are effective October 1, 2022.

Public Act 22-47 – H.B. 5001 – AN ACT CONCERNING CHILDREN'S MENTAL HEALTH

This act is the first of three comprehensive pieces of legislation focused on children's mental health. The Governor, executive branch agencies and the legislature made this issue the top priority of the 2022 legislative session. The three acts taken together, along with the financial commitment in the budget, are the most substantive investment in children's mental health that the state has ever made. DCF was instrumental in negotiating the bills. Several sections specifically require the Department to implement new initiatives or augment existing ones. Given the importance of the legislation, the following is a section-by-section summary of the act. For more information, please review the public act language available [here](#).

Sec. 1: The Department of Public Health (DPH), in collaboration with DCF, shall develop and implement a license requirement waiver for behavioral health professionals who are able to practice in another state and do not have a disciplinary record or pending complaints against them, prioritizing professionals who serve children.

Sec. 2: Removes the requirement that a successful applicant for license reciprocity must be either a state resident or the spouse of a member of the military serving in CT and by making the licensure testing requirement permissive (up to DPH to determine when it may be waived).

Sec. 3: Requires DPH to give notice to anyone taking the social worker licensure exam that they may be entitled to accommodations such as additional time and use of a dictionary while taking the exam.

Sec. 4: Extends until July 1, 2024, the length of new temporary permits to practice as an LMSW issued by DPH from 120 days to a period of one year from the date the license is issued by DPH. The temporary license is not renewable. Failure to pass any licensing exam while the 1-year permit is effective does not void the permit.

Sec. 5: Permits residents of other states to continue to be served, via telehealth and while physically located in CT, by a social worker licensed in their home state with whom the non-CT resident has a preexisting professional relationship.

Sec. 6: DPH shall establish a need-based state licensure fee waiver for applicants who are pursuing licensure in occupations that serve the behavioral health needs of children and adolescents. DPH shall give priority to diverse applicants including racially diverse, ethnically diverse, LGBTQ+, disabled and ESL applicants.

Sec. 7: Adds four executive branch appointments (Labor, OPM, Corrections, Governor's Office), one insurance industry representative, and four existing commission/task force appointments to the Children's Mental, Emotional and Behavioral Health Plan Implementation Advisory Board. It also increases the number of mental, emotional, or behavioral health care service providers on the Board from four to six, so that at least one mental health provider from each

license type (Licensed Marriage and Family Therapist, Licensed Professional Counselor, Licensed Clinical Social Worker, Child Psychologist, Child Psychiatrist, and Child Advanced Practice Registered Nurse) is included.

Sec. 8: Requires DCF to create and administer an essential data repository for emergency mobile psychiatric services (EMPS) providers who serve children to share best practices and experiences and for EMPS providers and DCF to, when available and appropriate, collect data on patient outcomes for internal quality improvement purposes.

Sec. 9: Establishes and funds a pilot program in Waterbury for a federally qualified health center (FQHC) to operate intensive outpatient services including, but not limited to, an extended day treatment program for adolescents with behavioral health issues, which shall be administered by DCF, in consultation with the DSS. The FQHC shall serve at least 144 children each year and shall operate for at least 5 years.

Sec. 10: Expands DCF's existing behavioral health consultation and care coordination program for primary care providers (ACCESS Mental health) by requiring ACCESS Mental Health to provide a referral to a behavioral health provider for up to three in-person or telehealth consultations for every pediatric patient on whose behalf ACCESS Mental Health has been accessed, who is prescribed medication to treat a behavioral health issue, and whose primary care provider determines such consultations are medically necessary. This section also requires primary care providers to refer all pediatric patients on whose behalf they have accessed ACCESS Mental Health to a DCF contractor (Beacon Health Options) that will provide short-term care coordination services. DCF is required to seek reimbursement from health insurance providers first before paying for services noted in this section with appropriated state funds.

Sec. 11: Requires the Healthcare Advocate to designate an employee to ensure the office provides its existing services to minors and to ensure access to mental health, behavioral health, and substance abuse services for minors

Sec. 12:

- Defines the new term "student mental health specialist" (includes, but is not limited to school social workers, school psychologists, trauma specialists, behavior technicians, board certified behavior analysts, school counselors, licensed professional counselors, and licensed marriage and family therapists)
- Requires (State Department of Education) SDE to annually administer a survey (starting in July 2023) to local districts concerning student mental health specialists and, if any, school-based behavioral health services provided by a private provider through a contract with the local or regional board of education;
- requires each school district to complete this survey annually; and
- requires SDE to calculate the student mental health specialist to student ratio for each board of education and each school in the state.

Sec. 13: Requires SDE to administer a grant program, from June 2023 to June 2025, to local school boards to hire "student mental health specialists" as defined in Sec. 12. SDE shall prioritize grants to districts that have large student to mental health specialist ratios or that have a high volume of student mental health service utilization.

Sec. 14: Establishes a new grant program, operating from June 2023 to June 2025 and administered by SDE, that will provide grants to local and regional boards of education and youth camps and summer programs for the delivery of mental health services to students.

Sec. 15: Establishes a new grant program, operating from June 2023 to June 2025 and administered by the Office of Higher Education, for public and private institutions of higher education for the institution-based delivery of mental health services to students.

Sec. 16:

- Requires school districts to adopt a truancy intervention model that takes behavioral health into account at all schools;
- requires school districts to provide information, developed by SDE in Sec. 21, concerning 2-1-1 and other mental and behavioral health screening services to the parents or guardians of truant students; and
- requires school districts to have a student mental health specialist perform an evaluation of each truant student to determine if additional behavioral health interventions are necessary for the well-being of the child.

Sec. 17 and 18: Requires each regional education service center (RESC) to hire a Regional Trauma Coordinator for a period of two years who shall develop and implement a "train the trainer" model to deliver a trauma informed care curriculum to all teachers, administrators, coaches, and staff in all school districts. Any school district employee who wishes to train other school district employees in the trauma curriculum must be a student mental health specialist who has been trained by a Regional Trauma Coordinator.

Sec. 19: Requires that teachers of a student whose behavior has caused a serious disruption to the instruction of other students or caused self-harm, or physical harm to a student or staff member in such teacher's classroom be provided a formal opportunity to convene a crisis intervention team meeting to identify resources and supports to address such student's social, emotional and instructional needs.

Sec. 20: Requires school districts to include in their annual reporting to SDE a needs assessment identifying resources necessary to address student trauma impacting children and staff in its schools.

Sec. 21: Requires SDE to develop and make available to school districts truancy intervention plan models that take behavioral health into account and to issue guidance (with DCF) to school districts on best practices for intervening in certain behavioral health situations and when it is

appropriate to contact 2-1-1 or use alternative interventions.

Sec. 22: Adds persons in need of mental health, behavioral health or substance use disorder services to the statewide emergency services telecommunications plan.

Sec. 23: Adds the Commissioners of DPH, DHMAS, and DCF to the E 9-1-1 Commission.

Sec. 24: Adds the Commissioners of DHMAS and DCF to the Coordinating Advisory Council that advises the Department of Emergency Services and Public Protection (DESPP).

Sec. 25: Establishes the 9-8-8 Suicide Prevention and Mental Health Crisis Lifeline Fund for the efficient routing of calls to 9-8-8 and the personnel and provision of acute mental health, crisis outreach and stabilization services directly responding to 9-8-8 calls. The fund shall contain any money appropriated to the fund, grants or gifts to the funds, and any earnings of the fund.

Sec. 26: Requires DESPP, in collaboration with DHMAS, DCF and DPH, to develop a plan to incorporate mental health, behavioral health and substance use disorder diversion into the procedures used by each public safety answering point in dispatching emergency services in response to 9-1-1 calls. The plan is due by January 1, 2023 and shall also include recommendations on the possibility of asking 911 callers if they are veterans to better target the services needed.

Sec. 27: Requires DHMAS to develop a mechanism to track mental health, behavioral health and substance use disorder services provided in response to 9-8-8 calls.

Sec. 28-30: Requires the suicide hotline number (9-8-8) to be printed on all student IDs by local and regional boards of education for all grade 6-12 students and by all public institutions of higher education for all enrolled students. This requirement is effective once it is federally permissible to do so.

Sec. 31: Waives, until June 2026, the requirement to obtain a certificate of need (CON) before increasing the number of beds at an existing mental health treatment facility. It requires any entity availing itself of this waiver to accept HUSKY and private insurance coverage; it also requires facilities seeking this waiver to notify the Office of Health Strategy (OHS) of their intent to increase bed capacity and to disclose the services that will be provided there. It requires OHS, by 2025, to report back to the Public Health Committee on recommendations for establishing an expedited CON process for mental health facilities.

Sec. 32: Establishes a non-lapsing Mental and Behavioral Health Treatment Fund, administered by DCF for the purpose of providing grants to assist families with the cost of obtaining prescribed drugs or treatments for child and adolescent behavioral health conditions that are not covered by Medicaid or private insurance and the cost of intensive evidence-based services to treat mental and behavioral health conditions in children and adolescents, intensive in-home

child and adolescent psychiatric services (IICAPS), and services provided by an intensive outpatient program (IOP) if the cost is not covered by Medicaid or private insurance. Grant applicants must have applied for and been rejected by their health insurance provider, if they have one, in order to be eligible for the grant. DCF may establish grant criteria which may include financial need and shall begin accepting applications by Jan. 1, 2023. The section also requires state agencies, including DCF and the Department of Consumer Protection (DCP), to post information about this grant publicly on their websites and to share information about the grant with 211 and through [connectingtocarect.org](https://www.connectingtocarect.org) and on existing flyers required to be distributed in emergency rooms. DCF is required to report annually to the Public Health Committee on effectiveness of this grant program.

Sec. 33: Directs DPH (with a representative from a children's hospital, pediatricians, child and adolescent psychiatrists and DCF) to develop or procure a mental and behavioral health and substance abuse screening tool which shall be completed by children and, when appropriate, parents prior to or during each annual pediatrician visit and during each visit to an emergency room by a minor. DPH shall make the screening tool available, free of charge, to all pediatricians and emergency room physicians in the state on or before January 1, 2023. DPH and DCF shall establish standards setting a minimum age at which the screening tool shall be administered.

Secs. 34-36: Directs DCF, in collaboration with SDE, to develop and support a statewide peer-to-peer mental health support program for students in grades 6-12. Once developed, DCF shall train designated staff from interested local or regional school districts that contain a middle or high school, health departments, youth service bureaus, and other youth-serving organizations in how to administer the peer-to-peer program and how to train grade 6-12 student participants. This program is not mandatory.

Sec. 37: Expands an in-home respite fund, administered by DCF through Beacon Health Options, for families with children who have behavioral health concerns.

Sec. 38: Establishes a new grant program, administered by DPH, to provide additional financial resources for employers of child and adolescent psychiatrists to hire and retain child and adolescent psychiatrists. DPH shall establish eligibility requirements and priority categories, which shall include nonhospital employers.

Sec. 39: Appropriates funds for DMHAS, in consultation with DCF, to advertise all mental health programs and services offered by the state of CT. The purpose is to raise general awareness of mental health assistance programs and services, to inform CT residents how to obtain assistance for mental health issues and to destigmatize asking for such assistance. DMHAS may hire outside consultants to help plan, create, or implement the ad campaign.

Sec. 40: Expands, beyond HUSKY participants, the existing adult and caregiver peer-to-peer program administered by Beacon Health Options through a contract with DCF, for the purpose

of supporting caregivers of children with psychiatric and behavioral health issues.

Secs. 41 and 42: Requires individual and group health insurers to cover up to two mental health wellness examinations per year at no cost to the patient.

Secs. 43 and 44: Requires individual and group health insurers to cover intensive evidence-based services used to treat mental and behavioral health conditions in children and adolescents if a patient is referred to such a program by a CT licensed mental or behavioral health professional.

Sec. 45: Requires DPH to establish a program to incentivize state service by psychology Ph.D. and Psy.D. candidates. Any such candidate who serves at least one semester-long clerkship (12-hour minimum weekly requirement) at a DCF facility shall be able to renew their license once every two years (rather than every year) for the first 4 years that they are licensed.

Sec. 46: Requires the Office of Emergency Medical Services to adopt protocols to allow emergency medical services, when and where appropriate when treating a pediatric patient with behavioral health needs, to divert ambulances to the new DCF urgent crisis centers specializing in meeting urgent pediatric behavioral health needs once they come online.

Sec. 47 and 48: Requires individual and group insurers to cover behavioral healthcare services provided under a collaborative care model.

Secs. 49-54: Applies the same consumer protections that are in place for Emergency Department (ED) services to services provided by DCF's new urgent crisis centers (built to treat emergency pediatric behavioral health needs). These protections include surprise billing and prior authorization prohibitions on insurers.

Secs. 55-56: Prohibits individual and group health insurers from requiring prior authorization for inpatient psychiatric services when a patient is referred for such services from an ED, a DCF urgent crisis center, or a physician, psychologist, or APRN when there is imminent danger to the patient's health or safety, or the patient poses an imminent danger to the health or safety of others. Any healthcare provider making an inpatient referral under these circumstances and any inpatient psychiatric services provider admitting a patient under these circumstances shall issue a written notice to the patient disclosing that the patient may incur out-of-pocket costs if such services are not covered by such patient's health insurance policy and choose to wait for an in-network bed for such services or risk incurring costs for out-of-network care if such services are provided on an out-of-network basis.

Sec. 57: Requires OHS, in coordination with the Department of Insurance (DOI), to conduct a study of private insurance reimbursement provider payment parity for providers of mental health services versus providers of other medical services.

Sec. 58: Requires OHS, in coordination with DOI and DSS, to conduct a study of HUSKY reimbursement provider payment parity for providers of mental health services versus providers of other medical services.

Sec. 59: Requires DSS, as permitted under federal law, to incentivize collaboration between primary care providers and behavioral health providers with regard to the provision of care to HUSKY members. DSS may take into consideration the potential impact on federal reimbursement in implementing this section.

Secs. 60-61: Establishes a state-wide Youth Service Corps Program (YSC), to be administered by the State Department of Economic and Community Development (DECD), to fund local youth service corps programs, in towns with priority school districts, that reengage to highest need youth through paid community-based service-learning and academic and workforce development.

Sec. 62: Requires police officers to provide victims of domestic abuse with information about services available to domestic abuse victims. Also requires police officers to provide victims with information about pediatric behavioral health services if a child is present at the scene.

Sec. 63: Requires police officers and EMTs to carry, in their official vehicles, pamphlets on pediatric behavioral health services and services available to victims of domestic abuse and intimate partner violence.

Sec. 64: Directs the Office of Victim Services (OVS) to send to all police departments and ambulance services in the state information on services available to victims of domestic abuse and intimate partner violence. This information must be made available in several languages.

Sec. 65 and 66: Adds certain child abuse or neglect victims, for incidents occurring on or after October 1, 2022, to the list of injured people to whom OVS may order compensation to be paid. Victims shall be eligible if their abuser is placed on the central abuse and neglect registry. Employees of DCF and children's advocacy centers are required to give information about victim's services and compensation available to certain victims if such victim discloses their injury to a DCF or children's advocacy center employee.

Sec. 67: Replaces the stigmatizing existing term "emotional disturbance" (also used in federal code) with a new term, "emotional disability," which has the same definition as the federal "emotional disturbance" term.

Sec. 68: Establishes a child and adolescent psychiatry working group to develop a plan to increase the number of psychiatry residency and child and adolescent psychiatry fellowship placements in the state.

Sec. 69: Permits DPH to grant \$150,000 to a children's hospital in the state (CT Children's Medical Center) to coordinate, over a period of two years, a training and consultation program

which shall be made available to all pediatricians practicing in the state of CT to help them to gain confidence and develop skills in treating pediatric behavioral health issues.

Sec. 70: Establishes the Behavioral and Mental Health Policy and Oversight Committee consisting of legislative and executive branch officials as well as advocates and patient care providers. The mission of the Committee shall be to evaluate the availability and efficacy of prevention, early intervention, and mental health treatment services and options for children from birth to age eighteen and make recommendations to the General Assembly and executive agencies regarding the governance and administration of the mental health care system for children.

Sec. 71-73: Gives the Healthcare Advocate the ability to determine the wording, appearance, and placement of currently required insurance disclosure statements concerning the Healthcare Advocate's services.

Public Act 22-48 - H.B. 5044 - AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS REGARDING THE USE OF OPIOID LITIGATION PROCEEDS

This act establishes an Opioid Settlement Fund as a separate non-lapsing fund administered by a 37-member Opioid Settlement Advisory Committee with assistance from DMHAS. The DCF Commissioner, or designee, is a member of the committee. The fund must contain moneys the state receives from opioid-related judgments, consent decrees, or settlements finalized on or after July 1, 2021. The moneys must be used for specified substance use disorder abatement purposes.

The act:

- generally, requires proceeds from any state settlement to be allocated only to municipalities with an agreement to participate in the settlement and adhere its terms;
- requires the DMHAS commissioner to obtain the advisory committee's approval before making or refusing to make fund disbursements;
- prohibits the DMHAS commissioner from making fund disbursements unless the OPM secretary verifies that the funds appropriated in that fiscal year's budget for substance use disorder purposes at least equal the total amount appropriated in the prior fiscal year's budget;
- requires the advisory committee to hold quarterly public meetings and specifies that it terminates when all settlement moneys are received and disbursed, unless the state anticipates receiving additional moneys;
- specifies that disbursements do not supplant or replace any other funds that would have otherwise been used for the same purposes;
- authorizes the state to fund a trust to provide direct support and services to opioid epidemic survivors and victims, in accordance with the March 11, 2022, settlement agreement with Purdue Pharma and the Sackler family.

EFFECTIVE DATE: July 1, 2022

Public Act 22-58 - H.B. 5500 - AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES

As the title suggests, this act makes various revisions to several laws related to public health. A few sections affecting DCF are summarized below.

Sections 12 and 13: The bill allows a registered nurse (RN) to delegate the administration of non-injected medications to home health aides and hospice aides who are currently certified by DCF or DDS. The bill also requires these unlicensed personnel to renew their certifications every two years instead of every three years.

Sections 64 - 66: Changes the name and expands the scope of the CT Suicide Advisory Board to coordinate suicide prevention across the lifespan, reflecting existing practices. It names the DCF and DMHAS Commissioners, or their designees, as co-chairs of the board. It also requires the board to adopt by-laws to govern itself.

EFFECTIVE DATE: Sections 12 and 13 are effective October 1, 2022; Section 64-66 are effective July 1, 2021

Public Act 22-60 - H.B. 5336 - AN ACT APPLYING THE PROVISIONS OF THE INDIAN CHILD WELFARE ACT TO CHILD CUSTODY, PLACEMENT, ADOPTION AND TERMINATION OF PARENTAL RIGHTS PROCEEDINGS INVOLVING AN INDIAN CHILD

This act requires DCF to ensure that any action or proceeding under the child welfare laws involving an Indian child's custody or placement in a foster or adoptive home, or the termination of the child's parents' parental rights, is conducted in accordance with the federal Indian Child Welfare Act (ICWA). The act places the same requirements on Superior Court and Probate Court

Under the act and ICWA, an "Indian child" is an unmarried person who is under age 18 and either is: (1) a member or citizen of an Indian tribe or (2) eligible for membership or citizenship in an Indian tribe and is the biological child of an Indian tribe member or citizen.

EFFECTIVE DATE: From passage

Public Act 22-80 - S.B. 1 - AN ACT CONCERNING CHILDHOOD MENTAL AND PHYSICAL HEALTH SERVICES IN SCHOOLS

This act is the second of the three children's mental health acts. The act focuses primarily on mental health services in schools, as well as other education related provisions. A section-by-section summary is below. You can review the public act language [here](#).

Section 1: Directs OEC to develop and administer a wage supplement and child care

enhancement grant for early childhood education program operators and childcare providers. OEC will establish eligibility criteria for the program.

Section 2: Allows OEC to enter into agreements to expand childcare slots across the state for children three years old or under who are not in a preschool program. OEC can distribute grants of \$13,500 per child, within available appropriations, to provide additional slots.

Section 3: SDE shall survey each board of education to determine the number of behavioral health staff employed by each school.

Sections 4 and 5: SDE shall administer a grant program from FY 23 to FY 25 using ARPA funds to assist schools with hiring and retaining behavioral health staff. SDE is authorized to hire a staff employee to administer the program.

Section 6: SDE shall conduct a study to determine the feasibility of creating a temporary human services permit to allow unlicensed individuals to perform behavioral health work in schools.

Sections 7 - 9: Allows schools to have and administer opioid antagonists in schools and determine which staff is eligible and trained to administer such medication. The medication can be administered without parental consent. SDE and DCP must develop guideline for boards of education for the storage and administration of such medication.

Section 10: Establishes a task force to combat ableism. The DCF Commissioner, or designee, is a member.

Section 11: Establishes a task force to study the CT Interscholastic Athletic Conference.

Sections 12: Requires DPH to administer a school-based health center expansion grant program based on the report issued by the School-Based Health Center Expansion Working Group pursuant to section 16 of PA 21-35.

Section 13: SDE shall, within available appropriations, provide support to districts participating in the Learner Engagement and Attendance Program (LEAP).

Sections 14: Requires school employees to have a guaranteed uninterrupted 30-minute duty-free period for lunch.

Section 15: Establishes a minority teacher candidate scholarship program administered by SDE for minority teacher candidates enrolled in a teacher prep program. "Minority" in this section has the same meaning as provided in section 10-156bb of the general statutes.

Sections 16 - 22: The existing Task Force to Diversify the Educator Workforce, will study the effectiveness of existing minority teacher recruitment and retention programs and efforts.

Section 23: Directs SDE to conduct a review of the statutes and regulations relating to teacher certification. Such review shall identify obsolete provisions, evaluate existing requirements for effectiveness and analyze whether any such statutes or regulations create a barrier to entry or undue hardship.

Section 24: For the school years commencing July 1, 2022, and July 1, 2023, the State Board of Education, upon the request of a local or regional board of education or a regional educational service center, may issue a career and technical pathways instructor permit to any person with specialized training, experience or expertise in the field of manufacturing, allied health, computer technology, engineering or any of the construction trades. Such permit shall authorize such person to hold a part-time position of not more than twenty classroom instructional hours per week as a teacher of a class in such person's area of specialized training, experience or expertise.

Section 25: Defines "dual learning" as the simultaneous instruction by a teacher to students in-person in the classroom and students engaged in remote learning and prevents its use for the school year starting July 1, 2023. It does allow boards of education to authorize remote learning for K - 12 students for the school years starting on or after July 1, 2024.

Section 26: Amends the statute regarding the State Education Resource Center (SERC) by requiring SERC to support programs concerning early childhood education and requiring SERC to collaborate with state agencies in serving the needs of families, communities and service providers. It also allows SERC to lease property for its needs.

Section 27: Adds Guilford as a participating municipality with the New Haven school choice program.

Section 28: Any non-lapsing funds for the interdistrict public school attendance program up to \$500,000 of shall be paid to SERC.

Section 29: Establishes the state teacher shortage and retention task force.

Sections 30: Requires that DOC and SDE study the funding of Unified School District #1 in DOC.

Section 31: Redefines a child as a person under 22 years old who receives special education services.

Sections 32 and 33: Adds Asian American and Pacific Islander studies as part of the high school curriculum.

Public Act 22-81 - S.B. 2 - AN ACT EXPANDING PRESCHOOL AND MENTAL AND BEHAVIORAL SERVICES FOR CHILDREN

This act is the third of the three children's mental health acts. The act contains several provisions generally related to children's mental health. A section-by-section summary is below. You can review the public act language [here](#).

Section 1: Requires DMHAS to provide mobile crisis services to adults 24/7.

Section 2: Establishes a Social Determinants Mental Health Fund to be administered by DCF to provide mental health services to children in which a social determinant is identified causing their inability to access the service. This section lists possible social determinants, but additional ones may exist that are not included on the list.

Sections 3 and 4: Directs SDE to develop a mental health plan for student athletes.

Section 5: Enhances the Pipeline for Connecticut's Future program by requiring SDE and the Department of Labor (DOL) to collaborate with local boards of education to develop strategies for assisting high school students with accessing job skills and credentials to enter the work force.

Section 6: Directs the Neag School at UConn to conduct a study of the impact of social media on K - 12 students.

Section 7: Permits family child care homes to provide daycare to up to nine children with an assistant present.

Section 8: Starting next school year, each school district must have a family care coordinator to work with students, families and mental health professionals at the school to access services in the community and bring services into the school.

Section 9: Requires boards of education to establish policies so children will not be punished by having recess withheld. Exceptions can be made if the child is a danger to themselves or others.

Sections 10 and 11: Establishes May 26th as Get Outside and Play for Children's Mental Health Day.

Section 12: Doubles general administrative payments (GAP) made by OEC to child care centers that have a child with an individualized family service plan.

Section 13: Permits municipalities to offer property tax incentives for child care centers within their borders.

Sections 14 and 15: Requires child care centers to notify parents promptly of injuries or illnesses of their children and maintain any written or video record of such incident. OEC will adopt regulations setting forth protocols and defining illness as defined in the act.

Section 16: Requires DCF to establish a policy to manage any SSDI funds that are collected by children in the care and custody of the Department. The funds cannot be used to offset the cost of the child's care.

Section 17: DPH and DSS will establish a grant program, within available appropriations, to cover 50% of the salaries of social workers providing counseling at community providers.

Sections 18 - 21: Directs DCP to establish a policy for notifying consumers about how to properly and safely store and dispose of cannabis and other prescription medication. Requires such information to be available at pharmacies, hospice centers and cannabis dispensaries.

Section 22: Directs the Department of Revenue Services (DRS) to study the feasibility of establishing a tax credit program for childcare.

Section 23: Requires DSS and the State Comptroller to identify ways the state can help pay for medical care for employees of childcare centers.

Section 24: Extends the task force to study the comprehensive needs of children established pursuant to PA 21-46 for another year. The DCF Commissioner, or designee, is a member.

Section 25: Requires DSS to provide Medicaid payments for work done by an associate licensed clinician under the supervision of an enrolled independent clinician.

Section 26: Requires DPH and OEC to develop a plan to extend licensure reciprocity with speech and language pathologists and occupational therapists from other states.

Section 27: Adds the Child Advocate to the Alcohol and Drug Policy Council (ADPC). The DCF and DMHAS Commissioners are co-chairs of the council.

Section 28: Provides \$1.6 million to DPH to provide behavioral health services to the uninsured through grants to providers.

Section 29: Requires DPH to establish a working group to study physician recruitment in the state.

Sections 30: Allows providers in other states to continue to provide behavioral health telehealth services to CT residents pursuant to the state's telehealth laws after July 1, 2024.

Section 31: Prevents hospitals from charging a facility fee for telehealth services.

Sections 32: Extends other telehealth services to June 30, 2024.

Section 33: Permits DPH to allow providers not licensed, certified or registered in CT to provide telehealth services.

Section 34: Technical change regarding electronic prescriptions.

Sections 35 - 40: Extends other telehealth services to June 30, 2024 and provides that services will be provided in such a way to prevent disqualification for federal tax deductions for health plans.

Section 41: Requires OHS to study the use of telehealth services.

Section 42: Adopts the Psychology Interjurisdictional Compact

Section 43: Adopts the Interstate Medical Licensure Compact

Section 44: Provides two additional staff members for OEC to provide business consulting services for child care centers.

Sections 45: Any additional funds provided to youth service bureaus through DCF with be proportionally shared among the various YSB's.

Section 46: DPH shall hire a health program associate for the Office of Emergency Medical Services to administer mobile integrated health care programs.

Public Act 22-87 - H.B. 5243 - AN ACT CONCERNING THE IDENTIFICATION AND PREVENTION OF AND RESPONSE TO ADULT SEXUAL MISCONDUCT AGAINST CHILDREN

This act addresses adult sexual misconduct against children, specifically by school employees.

Sections 1 - 3: Requires DPH to administer the CT School Health Survey every other year to students in grades 9 through 12. The survey is conducted in conjunction with the CDC and is based on the CDC's Youth Risk Behavior Survey. The bill permits DPH, DCF, SDE, DMHAS and the Child Advocate to develop additional questions relevant to the health concerns of students and to assess the risk of children becoming victims of sexual misconduct. The act also requires SDE to establish uniform policy to permit parents to have their students opt out of participating in the survey. Parents should receive notice of the opt-out option at least 21 days prior to the survey being conducted.

Section 4: Staff members of youth camps 21 years of age or older are added to the statutes designating mandated reporters of incidents of abuse or neglect of a child to DCF.

Section 5: Requires each school board to distribute a copy of the guidelines on identifying and

reporting child sexual abuse developed by the Governor's Task Force on Justice for Abused Children. It must be distributed electronically to all school employees, board members, and the parents and guardians of students. Each board of education must also distribute electronically, to all school employees, board members, and the parents and guardians of students, information on DCF's sexual abuse and assault awareness and prevention program enhanced under section 6 of the act. This section also requires school employees to complete training on preventing child sexual abuse, the bystander training program and the appropriate interaction with children training being implemented in section 6 of the bill.

Section 6: Expands the sexual abuse and awareness program that DCF and SDE currently provide to teachers. First, the section requires all school employees, not just teachers, to take the training. Second, it requires two new modules be created, one on bystander training and one on appropriate interaction with children.

Section 7: Requires DCF to provide information on these training programs to a youth-serving organization or religious organization upon request.

Section 8: Establishes a task force to study the sexual abuse and exploitation of children on the Internet, or facilitated by Internet users in the state, from January 1, 2019, through December 31, 2021. The DCF Commissioner, or designee, is a member of the task force.

Sections 9 - 11: Expands the address confidentiality program, administered by the Secretary of the State by allowing the following individuals to participate:

- victims of 1st or 2nd degree kidnapping, 1st or 2nd degree kidnapping with a firearm, or human trafficking;
- victims of child abuse that was substantiated by DCF and is the basis for issuing a restraining order or civil protection order; and
- children who are the subject of petitions to terminate parental rights that were granted by the court.

EFFECTIVE DATE: July 1, 2022

Public Act 22-115 - H.B. 5417 - AN ACT CONCERNING JUVENILE JUSTICE AND SERVICES, FIREARMS BACKGROUND CHECKS, AND LARCENY OF A MOTOR VEHICLE

This act makes various changes in juvenile justice-related laws, such as changing several procedures when a child is arrested for an alleged delinquent act and expanding an existing law on juvenile serious sexual offender prosecutions to also cover certain homicide and firearm crimes. It establishes a new penalty structure for larceny of a motor vehicle and requires the DESPP to notify the municipality if a resident failed a background check when trying to purchase a firearm.

It adds provisions allowing judges who order GPS monitoring under the bill to stop the

monitoring before the case concludes, specifying which juvenile delinquency records must be made available electronically to law enforcement officers, , and requiring judges who decline to order detention to indicate their reasons why on the official court form.

Section 11 requires the DCF Commissioner and the CSSD executive director to identify each juvenile delinquency or juvenile justice service that DCF provided to children at the time PA 18-31 became effective (Juvenile Justice transfer act). They must determine how DCF transferred these services to CSSD and identify any services that were merged with other services, eliminated, or otherwise not transferred.

EFFECTIVE DATE: Upon passage, the report is due to the Judiciary Committee by December 31, 2022.

Public Act 22-135 - S.B. 308 - *AN ACT CONCERNING THE RECOMMENDATIONS OF THE OFFICE OF THE CHILD ADVOCATE*

The act specifies that the Child Advocate has the right to request and promptly inspect and copy records related to the duties of the office. Additionally, the act requires that requested records be provided to the Child Advocate within 14 days of the request.

The act allows the Child Advocate to disclose confidential information to a child's legal representative if the disclosure is necessary to enable the Child Advocate to perform OCA responsibilities or to identify, prevent, or treat a child's abuse or neglect.

EFFECTIVE DATE: July 1, 2022

Public Act 22-138 - S.B. 289 - *AN ACT CONCERNING OVERSIGHT AND FUNDING OF THE CONNECTICUT FATHERHOOD INITIATIVE*

This act repeals the John S. Martinez Fatherhood Initiative under current law and replaces it with the "Connecticut Fatherhood Initiative" or "CFI" with the same or similar purposes and objectives. It also establishes a council to provide general oversight of the initiative, generally codifying existing practice, and dedicated office within DSS for administrative support. The DCF Commissioner, or designee, is a member of the CFI Council.

EFFECTIVE DATE: From passage

Public Act 22-140 - S.B. 369 - *AN ACT CONCERNING THE DEPARTMENT OF DEVELOPMENTAL SERVICES' RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO DEVELOPMENTAL SERVICES STATUTES*

This act revises several laws affecting DDS. The only section relevant to DCF is Section 1, which permits DDS to perform a check of the Child Abuse and Neglect Registry for an individual

funded by DDS for self-directed services.

EFFECTIVE DATE: July 1, 2022

Public Act 22-118 - H.B. 5506 - AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023, CONCERNING PROVISIONS RELATED TO REVENUE, SCHOOL CONSTRUCTION AND OTHER ITEMS TO IMPLEMENT THE STATE BUDGET AND AUTHORIZING AND ADJUSTING BONDS OF THE STATE

This act adjusts the state budget for fiscal year 2023. The bond package, including school construction grants, were all included in this act. The sections relevant to DCF are summarized below.

It establishes the following budget line items for DCF (changes are in red and blue):

DEPARTMENT OF CHILDREN AND FAMILIES	FY 23 original	FY 23 change
Personal Services	[284,948,344]	284,939,407
Other Expenses	[29,144,436]	28,255,812
Family Support Services	946,637	
Differential Response System	[15,821,651]	8,359,970
Regional Behavioral Health Consultation	1,646,024	
Community Care Coordination		7,979,078
Health Assessment and Consultation	1,425,668	
Grants for Psychiatric Clinics for Children	[16,225,467]	16,475,467
Day Treatment Centers for Children	7,311,795	
Child Abuse and Neglect Intervention	9,889,765	
Community Based Prevention Programs	[7,527,800]	8,527,800
Family Violence Outreach and Counseling	3,745,405	
Supportive Housing	19,886,064	
No Nexus Special Education	3,110,820	
Family Preservation Services	6,594,028	
Substance Abuse Treatment	[8,686,495]	9,186,495
Child Welfare Support Services	2,560,026	
Board and Care for Children - Adoption	[111,010,454]	109,384,511
Board and Care for Children - Foster	[144,471,637]	137,349,565
Board and Care for Children - Short-term and Residential	[78,391,093]	77,131,028
Individualized Family Supports	[5,595,501]	5,225,000
Community Kidcare	[44,113,620]	44,728,723
Covenant to Care	165,602	
Juvenile Review Boards	[1,319,411]	1,569,411

Youth Transition and Success Programs	450,000	
Youth Service Bureaus	[2,640,772]	<u>2,654,772</u>

The act earmarks federal American Rescue Plan Act (ARPA) dollars for the following programs through DCF:

DEPARTMENT OF CHILDREN AND FAMILIES	FY 22	FY 23	FY 24
Fostering Community	10,000	10,000	
Casa Boricua-Meriden	50,000	50,000	
Children's Mental Health Initiatives	10,500,000		
Child First	5,100,000	5,100,000	
Expand Mobile Crisis Intervention Services		<u>8,600,000</u>	<u>8,600,000</u>
Support Additional Urgent Crisis Centers and Sub-Acute Crisis Stabilization Units		<u>21,000,000</u>	
Support for Improved Outcomes for Youth (YSBs and JRBS)		<u>2,000,000</u>	
Social Determinant Mental Health Fund		<u>1,000,000</u>	<u>1,000,000</u>
Family Assistance Grants		<u>1,000,000</u>	
Expand Access Mental Health		<u>990,000</u>	
Resource Guide		<u>50,000</u>	
Peer to Peer Training for Students		<u>150,000</u>	
Respite for non-DCF Children		<u>85,000</u>	
Children in Placement, Inc.		<u>25,000</u>	
Valley Save Our Youth		<u>70,000</u>	
Girls for Technology		<u>100,000</u>	
R-Kids		<u>100,000</u>	

Section 61: DCF and the Public Defenders shall develop a plan to achieve federal reimbursement of legal representation for children in child protection proceedings and the enhancement of such representation. Once the plan is received by OPM, \$150,000 may be available to provide legal counsel for a child or youth participating in a considered removal child and family team meeting.

Section 62: DCF shall develop a plan to expand coverage and improve outcomes for youth service bureaus (YSBs) and juvenile review boards (JRBS). The plan shall include recommendations for YSBs and JRBS to expand coverage to all municipalities in the state, increase the adoption of evidence-based and quality assurance practices, provide staff training and develop a data collection and reporting system. Once the plan is received by OPM and JJPOC, \$2 million may be made available to carry out the plan.

Section 81: Establishes a Commission on Community Gun Violence Intervention and Prevention to advise the Commissioner of Public Health on the development of evidence-based, evidenced-informed, community-centric gun programs and strategies to reduce community gun violence in the state. The DCF Commissioner, or designee, is a member.

Section 253: Requires DCF to provide a YSB grant to a town that applied for a grant during the 2022 fiscal year. This adds Wolcott as a town with a YSB.

The budget also includes funding for state employee salary increases based upon the collective bargaining agreements approved by the legislature. The increases cover fiscal years 2022, 2023 and 2024. It includes a 2.5% COLA on July 1 of each year and a step increase (approximately 3%) on January 1 of each year. The 2022 increases will be administered by including the retroactive percentage increases in the last pay period of June 2022. The budget also includes a \$2,500 retention bonus for employees still on the payroll in March 2022 and another \$1,000 retention bonus for employees still on the payroll after June 30, 2022. Those are both one-time payments.

EFFECTIVE DATE: July 1, 2022

Special Act 22-17 - S.B. 488 - AN ACT AMENDING A CONVEYANCE OF STATE LAND TO THE TOWN OF HAMDEN

This act extends the deadline for High Meadow to be conveyed to Hamden by another year.

EFFECTIVE DATE: From passage