



Senate

General Assembly

File No. 547

January Session, 2001

Substitute Senate Bill No. 1287

Senate, May 2, 2001

The Committee on Judiciary reported through SEN. COLEMAN of the 2nd Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE DEVELOPMENT OF A STATE CHILDREN'S POLICY.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17a-5 of the general statutes is repealed and the
2 following is substituted in lieu thereof:

3 In accordance with the provisions of sections 4-5 to 4-8, inclusive,
4 the Governor shall, after consultation with the Council on Children
5 and Families and with the approval of the General Assembly, appoint
6 a [Commissioner] Secretary of Children [and Families] who shall be
7 the administrative head of the department [. He] and who shall devote
8 [his] full time to the duties of [his] the office. The secretary shall have
9 an advanced degree, broad knowledge of children's issues and
10 extensive experience in high-level management positions requiring
11 skills in strategic planning, financial analysis and negotiation.

12 Sec. 2. Section 17a-6 of the general statutes is amended by adding

13 subsection (p) as follows:

14 (NEW) (p) Serve as chairperson of the Children's Cabinet
15 established under section 3 of this act.

16 Sec. 3. (NEW) (a) There is established a Children's Cabinet
17 consisting of: The Secretary of Children, who shall serve as
18 chairperson; a pediatrician, appointed by the majority leader of the
19 House of Representatives, with the advice of the Connecticut chapter
20 of the American Academy of Pediatrics; a public child welfare social
21 worker, appointed by the minority leader of the House of
22 Representatives, with the advice of the Connecticut chapter of the
23 National Association of Social Workers; a psychologist, appointed by
24 the Connecticut Psychological Association; an attorney, appointed by
25 the Connecticut Bar Association; a judge of the Family Division of the
26 Superior Court, appointed by the Chief Justice of the Supreme Court; a
27 representative of private children's agencies, appointed by the
28 president pro tempore of the Senate, with the advice of the
29 Connecticut Association of Nonprofit Providers; a representative of
30 education, appointed by the Governor; a representative of a children's
31 advocacy organization, appointed by the Commission on Children; a
32 representative of a children's health organization, appointed by the
33 Commissioner of Public Health and a representative of workforce
34 development, appointed by the minority leader of the Senate. Each
35 member of the Children's Cabinet shall serve a five-year term. The
36 Department of Children shall provide support staff for the Children's
37 Cabinet.

38 (b) On or before July 1, 2003, and biennially thereafter, the
39 Children's Cabinet shall prepare a biennial state-wide policy plan for
40 promoting the well-being of children through preventive services and
41 submit the plan to the State Prevention Council established under
42 sections 6 to 10, inclusive, of this act. The plan shall include, but need
43 not be limited to:

44 (1) Elements addressing various areas of services to children,
45 including welfare and protection, education, physical and mental
46 health, housing and employment and training;

47 (2) Outcome-based benchmarks for each element to measure the
48 well-being of Connecticut children and families and the effectiveness
49 of state prevention programs;

50 (3) Ways to best deliver integrated preventive services to children
51 and their families based on their individual needs; and

52 (4) Recommendations of strategies for research-based prevention, as
53 defined in section 6 of this act, that implement its prevention policy
54 plan.

55 (c) The Children's Cabinet shall meet not less often than once per
56 month and shall:

57 (1) Review the biennial prevention budget that the State Prevention
58 Council submits to the Office of Policy and Management;

59 (2) Identify indicators of risk for children, including, but not limited
60 to, the areas of education, physical and mental health, child welfare
61 and protection, juvenile justice and housing;

62 (3) Assess the effectiveness of state preventive programs against the
63 benchmarks the Children's Cabinet establishes and recommend to the
64 State Prevention Council programs that should be expanded, revised
65 or terminated;

66 (4) Meet at least twice a year with the State Prevention Council;

67 (5) Recommend training and education initiatives on prevention for
68 professional development training programs, health systems and
69 community services;

70 (6) Encourage the direct involvement of the public, consumers,

71 parents, the business community and local government in partnership
72 with state government to promote prevention; and

73 (7) Recommend prevention policies for the Department of Children.

74 Sec. 4. Section 17a-2 of the general statutes is repealed and the
75 following is substituted in lieu thereof:

76 (a) There shall be a Department of Children [and Families] which
77 shall be a single budgeted agency consisting of the institutions,
78 facilities programs now existing within the department, any programs
79 and facilities transferred to the department, and such other
80 institutions, facilities and programs as may hereafter be established by
81 or transferred to the department by the General Assembly.

82 (b) Said department shall constitute a successor department to the
83 Department of Children and Youth Services and to the Department of
84 Children and Families, for the purposes of sections 2c-2b, 4-5, 4-38c, 4-
85 60i, 4-77a, 4-165b, 4a-11b, 4a-12, 4a-16, 5-259, 7-127c, 8-206d, 10-8a, 10-
86 15d, 10-76d, 10-76h, 10-76i, 10-76w, 10-76g, 10-94g, 10-253, 17-86a, 17-
87 294, 17-409, 17-437, 17-572, 17-578, 17-579, 17-585, 17a-1 to 17a-89,
88 inclusive, 17a-90 to 17a-209, inclusive, 17a-218, 17a-277, 17a-450, 17a-
89 458, 17a-463, 17a-474, 17a-560, 17a-511, 17a-634, 17a-646, 17a-659, 18-69,
90 18-69a, 18-87, 19a-78, 19a-125, 19a-216, 20-14i, 20-14j, 31-23, 31-306a,
91 38a-514, 45a-591 to 45a-705, inclusive, 45a-706 to 45a-770, inclusive,
92 46a-28, 46a-126, 46b-15 to 46b-19, inclusive, 46b-120 to 46b-159,
93 inclusive, 54-56d, 54-142k, 54-199, 54-203 and in accordance with the
94 provisions of sections 4-38d and 4-39.

95 (c) Whenever the words "Commissioner of Children and Youth
96 Services", "Department of Children and Youth Services", or "Council
97 on Children and Youth Services" are used in sections 2c-2b, 4-5, 4-38c,
98 4-60i, 4-77a, 4-165b, 4a-11b, 4a-12, 4a-16, 5-259, 7-127c, 8-206d, 10-8a,
99 10-15d, 10-76d, 10-76h, 10-76i, 10-76w, 10-94g, 10-253, 17-86a, 17-294,
100 17-409, 17-437, 17-572, 17-578, 17-579, 17-585, 17a-1 to 17a-89, inclusive,

101 17a-90 to 17a-209, inclusive, 17a-218, 17a-277, 17a-450, 17a-458, 17a-463,
102 17a-474, 17a-511, 17a-634, 17a-646, 17a-659, 18-69, 18-69a, 18-87, 19a-78,
103 19a-125, 19a-216, 20-14i, 20-14j, 31-23, 31-306a, 38a-514, 45a-591 to 45a-
104 705, inclusive, 45a-706 to 45a-770, inclusive, 46a-28, 46a-126, 46b-15 to
105 46b-19, inclusive, 46b-120 to 46b-159, inclusive, 54-56d, 54-142k, 54-199,
106 54-203, the words ["Commissioner of Children and Families",
107 "Department of Children and Families", and "Council on Children and
108 Families"] "Secretary of Children", "Department of Children", and
109 "Council on Children" shall be substituted respectively in lieu thereof.

110 (d) The governance structure for the Department of Children shall
111 provide for the following offices: (1) The Office of Child Protection; (2)
112 the Office of Behavioral Health; (3) the Office of Family Services; and
113 (4) the Office of Juvenile Justice. Budgetary and administrative
114 accountability for all programs in each office shall be the responsibility
115 of the office head and final budgetary approval and overall policy
116 coordination shall be the responsibility of the Secretary of Children.

117 (e) The Office of Child Protection shall be responsible for abused
118 and neglected children, foster care, adoption and regional offices. The
119 Office of Behavioral Health shall be responsible for mental health
120 services, substance abuse services and families with service needs. The
121 Office of Family Services shall be responsible for prevention activities
122 within the department's purview. The Office of Juvenile Justice shall be
123 responsible for Long Lane School and the Connecticut Juvenile
124 Training School and the juvenile justice services provided by the
125 Department of Children and Families.

126 Sec. 5. (NEW) (a) The Office of Policy and Management shall
127 employ an independent team of management and financial experts to
128 assist the Secretary of Children for a period of five years. Such
129 assistance may include, but need not be limited to:

130 (1) An assessment of the programmatic and financial management
131 responsibilities and competencies required and available for the

132 Department of Children compared with those of the former
133 Department of Children and Families and recommendations on an
134 immediate and ongoing basis for changes in management structures
135 needed for the department as it transforms from the Department of
136 Children and Families to the Department of Children;

137 (2) An implementation strategy for alternatives to juvenile
138 detention;

139 (3) Recommendations for assuring that policies and services are
140 integrated across the offices established under section 17a-2 of the
141 general statutes, as amended by this act, both centrally and in regional
142 offices, including assessments of the feasibility of establishing: (A) A
143 deputy secretary responsible for overall management and continuous
144 integration of services; (B) a deputy secretary responsible for
145 coordinating expenditures according to budget and policy priorities
146 while maintaining financial efficiencies; (C) a crisis response team
147 composed of designated managers who quickly gather information,
148 take corrective action and provide status reports when a crisis, such as
149 a child's death, occurs so as to avoid ad hoc responses; and (D) an
150 assessment of the adequacy of the state and community resources
151 available to the department to carry out its four functional areas of
152 responsibility as established in section 17a-2 of the general statutes, as
153 amended by this act, and recommend resource development or
154 reallocation, as appropriate.

155 (b) The technical assistance team established under subsection (a) of
156 this section shall be accountable to the Secretary of Children.

157 (c) On or before January 1, 2002, and annually thereafter for the
158 duration of the technical assistance team established under this section,
159 the Secretary of Children shall report to the select committee of the
160 General Assembly having cognizance of matters relating to children on
161 the technical assistance team's recommendations and the
162 implementation of such recommendations.

163 (d) The sum of three hundred thousand dollars is appropriated to
164 the Office of Policy and Management, from the General Fund, for the
165 fiscal year ending June 30, 2002, for the purposes set forth in
166 subsection (a) of this section.

167 Sec. 6. (NEW) As used in sections 6 to 10, inclusive, of this act:

168 (1) "Prevention" means policies and programs that (A) promote
169 health, safety and learning and reduce the likelihood of crime,
170 violence, substance abuse, illness, academic failure and other socially
171 destructive behavior, and (B) build competencies to ensure healthy,
172 safe and productive lives for the citizens of this state;

173 (2) "Prevention services" means the following programs or activities
174 directed to anticipate and meet specific needs: (A) Prevention
175 behavioral services, including, but not limited to, prevention of abuse
176 or neglect, crime and violence and substance abuse; (B) prevention
177 health services, including, but not limited to, primary health care,
178 health promotion, prevention of injury and suicide, prevention of
179 infectious disease, nutrition, prevention of unhealthy lifestyles and
180 prevention of multiple health problems; and (C) prevention social and
181 multiple-focused services, including, but not limited to, academic
182 success, child and youth development, youth employment, parenting
183 skills and family support, family planning and reduction of adolescent
184 pregnancy, prevention of homelessness and housing-related issues;

185 (3) "Research-based prevention" means prevention services,
186 strategies or programs that (A) have a design and implementation that
187 has been subjected to a rigorous scientific research methodology, (B)
188 have been evaluated by recognized experts following accepted
189 methodologies, (C) are subject to peer review, and (D) result in
190 publication in respected academic journals; and

191 (4) "Prevention impact statement" means a set of processes
192 approved by the General Assembly for use by state agencies to

193 examine, in advance, the effects or potential effects of any proposed
194 action or nonaction involving prevention services.

195 Sec. 7. (NEW) (a) There is established a State Prevention Council
196 consisting of the following members, or their designees: (1) The
197 Secretary of the Office of Policy and Management; (2) the Chief Court
198 Administrator; (3) the Commissioner of Social Services; (4) the
199 Secretary of Children; (5) the Commissioner of Public Health; (6) the
200 Commissioner of Mental Health and Addiction Services; (7) the
201 Commissioner of Education; (8) the Commissioner of Higher
202 Education; (9) the Labor Commissioner; (10) the Commissioner of
203 Correction; (11) the Commissioner of Public Safety; and (12) such other
204 members, or their designees, as the Governor may appoint. The
205 Secretary of the Office of Policy and Management, or the secretary's
206 designee, shall serve as chairperson of the council.

207 (b) The State Prevention Council shall:

208 (1) Recommend a primary prevention budget, including prevention
209 services;

210 (2) Identify existing appropriations for prevention services and
211 identify research-based prevention that is cost-effective with proven
212 positive outcomes that promote health, community safety, learning
213 and family strength while reducing illness, crime, school failure and
214 family dysfunction;

215 (3) Generally increase state accountability by appropriating funding
216 only for prevention services known to improve the social health of the
217 state; identify less effective interventions in violence reduction, illness,
218 mental health disorders, academic failure and drug and alcohol abuse
219 and recommend redeployment of existing state funding to more
220 effective prevention services;

221 (4) Recommend training and education initiatives on prevention for

222 professional development training programs, health systems and
223 community services;

224 (5) Reduce, through such preventive strategies and objective cost-
225 benefit analyses, public spending on more intensive, expensive
226 treatment and problem-driven programs, embedding the science of
227 prevention and preventive services for youth in all programs of state
228 government;

229 (6) Strengthen the capacity of local communities, nonprofit youth-
230 serving networks, coalitions and parents to create prevention
231 programs and sustain services in their communities;

232 (7) Initiate realignment of existing and future public expenditures to
233 establish balance among state expenditures directed at prevention,
234 intervention and treatment services for children and youth;

235 (8) Elevate the science of prevention through investment in
236 research-tested programs and pilot projects, each evaluated and
237 measured quantitatively for effectiveness; and

238 (9) Encourage the direct involvement of the public, consumers,
239 parents, the business community and local government in partnership
240 with state government to promote prevention.

241 (c) The State Prevention Council, acting through the Office of Policy
242 and Management or any other state agency, governmental entity or the
243 private sector, may, within available appropriations, provide financial
244 assistance, lend staff or provide in-kind contributions to the
245 Governor's Partnership To Protect Connecticut's Workforce,
246 Incorporated, for the purposes of assisting the State Prevention
247 Council in prevention planning, training, technical assistance,
248 initiating pilot or demonstration projects and such other assistance as
249 the Office of Policy and Management may decide.

250 (d) On or before October 1, 2001, the State Prevention Council shall

251 identify, within each of the involved state agency budgets, all existing
252 appropriations for preventive services and submit a report on the
253 effectiveness of such preventive services, including, but not limited to,
254 the percentage of the at-risk population served by such programs, to
255 the joint standing committee of the General Assembly having
256 cognizance of matters relating to appropriations.

257 (e) On or before October 1, 2002, and biennially thereafter, the State
258 Prevention Council shall submit, to the Office of Policy and
259 Management and to the joint standing committee of the General
260 Assembly having cognizance of matters relating to appropriations, a
261 prevention budget developed within each agency identifying that
262 agency's preventive services. The prevention budget shall include
263 identified programs, initiatives, pilot projects, grants and contracts by
264 the Office of Policy and Management and the Departments of Social
265 Services, Children, Public Health, Mental Health and Addiction
266 Services, Education, Higher Education and the Labor Department.

267 (f) On or before February 15, 2003, and biennially thereafter, the
268 Secretary of the Office of Policy and Management, on behalf of the
269 Governor, shall submit to the General Assembly, a comprehensive
270 State-Wide Prevention Plan and Budget providing a description of the
271 total state strategy and expenditures on preventive services. Such plan
272 and budget shall describe the balance of program spending among
273 services in prevention and such other applicable services as each
274 agency has proposed.

275 (g) Beginning July 1, 2004, the budget of each agency that is a
276 member of the State Prevention Council shall establish a goal for the
277 allocation of its total general and federal funds towards prevention
278 services.

279 Sec. 8. (NEW) (a) On or before July 1, 2004, and annually thereafter,
280 each of the involved agencies of state government proposing new
281 programs or expansion of existing services shall submit a prevention

282 impact statement to the Office of Policy and Management and the
283 General Assembly evaluating each such program in advance of
284 approval and implementation. Such impact statement shall use a
285 format and methodology adopted by The University of Connecticut
286 School of Family Studies and The University of Connecticut School of
287 Allied Health in cooperation with the Office of Policy and
288 Management. Statements shall be required of any proposed
289 expenditures using state or federal funds exceeding five hundred
290 thousand dollars.

291 (b) Prevention impact statements required by subsection (a) of this
292 section shall include, but need not be limited to:

293 (1) A description of the proposed action;

294 (2) The consequences on policies, practices or services as a result of
295 the proposed action, including, but not limited to, direct and indirect
296 effects that might result during and subsequent to the proposed action;

297 (3) A cost-benefit analysis addressing the extent to which the action
298 will promote prevention policies or the extent to which
299 implementation would redirect resources away from prevention
300 policies as set forth by the State Prevention Council;

301 (4) An analysis of short and long-term social and behavioral costs
302 and outcome benefits of the proposed action, specifically on the
303 promotion of parenting, health, safety, learning, family planning and
304 the reduction of adolescent pregnancy, child abuse and neglect, the
305 prevention of homelessness and housing related issues and the
306 diminution of illness, crime or school failure upon the target
307 population or individuals for which the action is intended; and

308 (5) Benchmarks and timetables to fully serve the at-risk population.

309 Sec. 9. On or before July 1, 2002, the Office of Policy and
310 Management shall develop objective outcome performance and

311 accountability measures to guide prevention planning and to provide
312 quantitative and qualitative measures to evaluate such programs. The
313 outcome performance and accountability measures shall be flexible but
314 shall utilize uniform and consistent standards to, at a minimum: (A)
315 Measure program efficacy; (B) measure cost effectiveness; (C) avoid
316 duplication; and (D) evaluate the effectiveness of new programs on at-
317 risk case loads.

318 Sec. 10. (NEW) (a) There is established a Connecticut Prevention
319 Advisory Board, which shall be within the Office of Policy and
320 Management for administrative purposes only. The board shall be
321 composed of seven members appointed by the Governor, four
322 members appointed by the speaker of the House of Representatives,
323 and four members appointed by the president pro tempore of the
324 Senate. The Governor shall appoint one of the members to serve as
325 chairperson. No member shall serve more than eight years within a
326 twelve-year period. Members shall include individuals with interest,
327 expertise and direct experience in prevention and preventive services
328 and shall include primary prevention experts from the fields of health,
329 safety and learning.

330 (b) The board, in collaboration with the State Prevention Council,
331 shall annually submit to the Governor and the General Assembly a
332 report delineating the adequacy of the State-Wide Prevention Plan and
333 Budget required by section 7 of this act and shall recommend such
334 policy or program changes, innovations and improvements in
335 preventive services as the board deems necessary.

Statement of Legislative Commissioners:

In section 3(a) "advisory committee" was changed to "Children's Cabinet" for accuracy. In sections 3(b)(4), 6(3) and 7(b)(2) "research-tested", "researched-based" and "science-based", respectively, were changed to "research-based" for consistency. In section 5(1) "against" was changed to "compared with" for clarity. In section 6(2) "prevention of" was added before "abuse" and several other places for clarity. In

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: Significant Cost, Significant Future Cost, Potential Indeterminate Cost, Cost, Minimal Cost, Potential Indeterminate Future Savings

Affected Agencies: Various

Municipal Impact: See Explanation Below

Explanation

State Impact:

This bill makes various changes to the state’s policy concerning children and prevention programming. These changes and their associated fiscal impacts are as follows:

Establish Department of Children

Minimal costs will be incurred by the Department of Children and Families (DCF) to accommodate its renaming as the Department of Children. These expenses would be associated with purchasing new stationery and installation of new signage at agency offices and institutions. It is anticipated that resulting costs can be accommodated within the normal budgetary resources of the department. The proposed department structure is sufficiently similar to the one that currently exists that the need for additional administrative or programmatic staff is mitigated in the short-term.

The bill requires the Office of Policy and Management (OPM) to employ an independent team of management and financial experts to assist the Secretary of Children for a period of five years and appropriates \$300,000 in FY 02 for that purpose. This appropriation has not been included within sHB 6668, (the FY 02 - FY 03 Appropriations Act, as favorably reported by the Appropriations Committee). Since the appropriations provided in the bill are expected to be sufficient to fund the independent team for one fiscal year only, and no funding has been included within sHB 6668 to continue this effort in FY 03, a cost of approximately \$300,000 will recur for OPM in each of FY 03 - FY 06.

The bill appears to authorize the management team to recommend the establishment of two deputy secretary positions. Should these positions be established in a future year, an annualized cost of approximately \$450,000 in combined direct and fringe benefits costs will be incurred to support them, as well as two executive assistants, associated other expenses and equipment costs.

Establish Children's Cabinet

The bill establishes an eleven member Children's Cabinet and requires the Department of Children to provide support staff. The state will incur an FY 02 cost of approximately \$65,500 to reflect the hiring of one Children Services Consultant needed to assist the Cabinet in its work. Included in this sum is \$41,300 to support the three-quarter year salary of this position, \$4,000 in other expenses, \$4,000 in equipment and \$16,200 in fringe benefits costs. In FY 03 and subsequent fiscal years an annualized cost of approximately \$80,600 will occur (\$59,000 in costs to the department and \$21,600 in associated fringe benefits costs). No funding has been included within sHB 6668 for this purpose.

Establish State Prevention Council

The bill establishes the State Prevention Council (Council) and requires the Secretary of OPM to serve as its chair. The Council may act through OPM, within the agency's available appropriations, to provide financial assistance, lend staff or provide in-kind contributions to assist the Governor's Partnership to Protect Connecticut's Workforce, Inc., in prevention planning. It should be noted that no funding has been included within sHB 6668 for these purposes.

It is anticipated that agency representatives appointed as members of the Council will participate to the extent that their normal duties allow.

Establish Prevention Plan and Budget

On or before July 1, 2002, OPM must develop objective benchmarks to guide prevention planning and to evaluate prevention programs. It is anticipated that OPM would require consulting services to initially develop the prevention strategy and benchmarks, at an FY 02 cost of approximately \$500,000. In FY 03 and subsequent fiscal years, OPM would require three Planning Specialists to construct the required biennial plan and implement the benchmarks. The annualized cost for these positions would be \$251,490. This would include \$174,330 for Personal Services, \$8,718 Other Expenses, and \$68,442 to provide fringe benefits. No funding has been included within sHB 6668 for these purposes.

The bill also requires OPM to submit, on or before February 15, 2003, and biennially thereafter, a comprehensive State-Wide Prevention Plan and Budget describing the total state strategy and expenditures for preventive services. It is assumed that this document would be in addition to the Governor's budget report mandated under Section 4 - 71 CGS.

A potential indeterminate cost may result for involved state agencies to the extent that compilation of data required for the

prevention budget necessitates the addition of fiscal staff and/or reprogramming of the state's various financial systems. Resulting costs would be dependent upon the scope of the documents produced, which cannot be determined in advance.

It should be noted that federal law, regulation and court mandates place numerous restrictions on the use of federal and state funds. As a result, the extent to which the various funding streams available to the state can be redirected to achieve objectives set forth in the bill is uncertain. Should a greater emphasis upon prevention services result in reduced need for more costly interventions, a future indeterminate savings may result.

Create Prevention Impact Statements

The bill requires each of the "involved agencies" that propose a new or expanded program/service to submit a prevention impact statement to OPM. Within the definition of "prevention impact statement" is the required approval by the General Assembly. It is unclear, although assumed, that any review, examination or approval required by the General Assembly and/or Appropriations Committee will be accomplished during a regular scheduled session. It is anticipated that as a result of this additional requirement, a workload increase and potential minimal cost may result, which can be handled within the available budgetary resources of the Office of Legislative Management. The extent of the workload will vary depending on the volume of impact statements and scope of needed review.

It is anticipated that the University of Connecticut's Schools of Allied Health and Family Studies will be able to participate in the development of the format and methodology to be used in the completion of prevention impact statements within their anticipated budgetary resources.

Establish Connecticut Prevention Advisory Board

To the extent that members of the General Assembly are appointed to the Connecticut Prevention Advisory Board, a potential minimal cost due to mileage reimbursement may result. Any cost associated with participation on the board can be handled within the anticipated budgetary resources of the Office of Legislative Management.

Municipal Impact:

The bill sets forth protocols under which funding historically awarded by various state agencies to local governments may be subject to enhanced review and proposed modification. Any potential future appropriations actions cannot be determined at this time. Should a greater emphasis upon prevention services result in reduced need for more costly interventions, a future indeterminate savings may result.

OLR BILL ANALYSIS

sSB 1287

AN ACT CONCERNING THE DEVELOPMENT OF A STATE CHILDREN'S POLICY.**SUMMARY:**

This bill establishes a framework for developing statewide prevention policies and budgets, and it reorganizes the Department of Children and Families (DCF).

It creates a Children's Cabinet to develop a biennial statewide policy plan for preventive services that address children's well-being and benchmarks for measuring the effectiveness of the state's prevention programs. The cabinet must submit the plan to a Prevention Council the bill creates composed of executive and judicial branch agency heads, review the budget the council submits to the Office of Policy and Management (OPM), and assess state prevention programs' effectiveness. The cabinet is composed of professionals in child-related fields.

The bill charges the State Prevention Council with recommending a statewide prevention budget and one for each member agency that contains goals for allocating resources toward prevention services. It requires the OPM secretary to submit a biennial prevention plan and budget to the legislature. The bill creates an advisory board to report annually on the prevention budget and plan's adequacy and on recommendations for changes in policies and programs.

The bill requires each agency on the council to submit a prevention impact statement to OPM whenever it proposes to establish or expand a program. The statement must analyze the short- and long-term social and behavioral costs and benefits of the proposal and its consequences on policies, programs, and services.

The bill (1) renames DCF as the Department of Children, (2) changes

the commissioner's title to secretary and makes her the head of the Children's Cabinet, (3) divides the department into four offices, and (4) requires OPM to hire an independent management and financial team to assist the secretary for five years.

EFFECTIVE DATE: October 1, 2001

CHILDREN'S CABINET

Responsibilities

The bill creates an 11-member Children's Cabinet to develop a biennial statewide policy plan for promoting children's well-being through "preventive services." (The bill does not define this term, but it defines "prevention services" as those to (1) prevent abuse or neglect, crime and violence, substance abuse, injury and suicide, infectious disease, unhealthy lifestyles, multiple health problems, and homelessness and (2) promote primary health care, health, nutrition, academic success, child and youth development, youth employment, parenting skills and family support, and family planning and adolescent pregnancy reduction.)

The first plan must be completed by July 1, 2003 and submitted to the Prevention Council. The plan must include:

1. elements addressing welfare and child protection, education, physical and mental health, housing, and employment and training;
2. outcome-based benchmarks for each element that measure children's well-being and the effectiveness of state prevention programs;
3. best ways to deliver integrated preventive services based on children and families' individual needs; and
4. recommendations for "research-based prevention" strategies to implement the plan. (The bill defines these as strategies, programs, or services (a) whose design has been subjected to a rigorous scientific methodology, (b) that have been evaluated by recognized

experts using accepted methodologies, (c) that are subject to peer review, and (d) that have resulted in publication in respected academic journals.)

The cabinet must meet monthly and:

1. review the Prevention Council’s biennial prevention budget;
2. assess the effectiveness of state prevention programs against the benchmarks it establishes, and recommend to the council programs that should be expanded, revised, or ended;
3. meet at least twice a year with the council;
4. identify risk indicators for children, including those involving education, physical and mental health, child welfare and protection, juvenile justice, and housing;
5. recommend prevention training and education initiatives for professional development, health systems, and community services and;
6. encourage the public, consumers, parents, business, and government to become partners with state government to promote prevention.

Finally, the cabinet must recommend prevention policies for the Department of Children.

Cabinet Composition and Procedure

The cabinet consists of the Department of Children’s secretary, who serves as its chairperson, and 10 members appointed as follows.

| Member | Appointing Authority | Advice by |
|------------------------------------|-----------------------|--|
| Pediatrician | House majority leader | CT chapter of American Academy of Pediatrics |
| Public child welfare social worker | House minority leader | CT chapter of National Assoc. Social Workers |
| Psychologist | CT Psychological | |

| | | |
|--|---------------------------------|--|
| | Association | |
| Attorney | CT Bar Association | |
| Judge of Superior Court Family Div. | Chief Justice | |
| Private children's agency rep. | Senate president pro tempore | CT Association of Nonprofit Providers |
| Education rep. | governor | |
| Children's advocacy organization rep. | Commission on Children | |
| Children's health organization rep. | Public health commissioner | |
| Workforce development rep. | Senate minority leader | |

Cabinet members serve five-year terms. (It is not clear how this affects the secretary of children who serves in that position at the governor's pleasure.) The cabinet must meet at least monthly. The Department of Children provides it with staff support.

PREVENTION COUNCIL

The bill creates a Prevention Council of executive and judicial branch agency heads and gubernatorial appointees.

Budget Responsibilities

The council must, by October 1, 2001 (i.e. the bill's effective date), identify all existing spending on preventive services in each of the "involved" state agencies' budgets. It must report to the Appropriations Committee on the effectiveness of those programs, including the percentage of the at-risk population they serve. (The bill does not identify these "involved" agencies, which presumably are the ones represented on the council.)

The council must recommend a primary prevention budget, including prevention services. Biennially, beginning by October 1, 2002, it must submit to OPM and the Appropriations Committee a budget (presumably for the following biennium) identifying the preventive services in each agency. (It is not clear whether this means all state agencies, just those on the council, or those that the bill specifically requires to be included in the prevention budget—OPM, and the

departments of Children, Social Services, Public Health, Mental Health and Addiction Services, Education, Higher Education, and Labor.)

The bill requires the OPM secretary, biennially beginning February 15, 2003, to submit to the General Assembly a comprehensive statewide prevention plan and budget that describes the state's total strategy and spending for preventive services. The plan and budget must describe how prevention and other applicable services are balanced in each agency's budget.

And, beginning July 1, 2004, the bill requires the budget of each agency represented on the council to set a goal for allocating its state and federal funds toward prevention services.

Other Council Responsibilities

The bill requires the council to:

1. work to realign state spending to achieve balanced spending on prevention, intervention, and treatment services for children and youth;
2. identify cost-effective, research-based prevention that shows positive outcomes in promoting health, community safety, learning, and family strength and in reducing illness, crime, school failure, and family dysfunction;
3. identify less-effective interventions in reducing violence, illness, mental health disorders, academic failure, and drug and alcohol abuse; recommend reallocating state funds to more effective prevention services; and appropriate funding only for those prevention services known to improve the state's social health (see COMMENT); and
4. use preventive strategies and objective cost-benefit analyses to reduce public spending on more intensive and expensive treatment program and encourage state agencies to use science-based prevention and preventive services for youth in all programs.

The bill gives the council other responsibilities, several of which

parallel those it gives to the Children's Cabinet. It must (1) strengthen community, nonprofit youth-serving organizations, and, parents' capacity to create prevention programs and sustain services; (2) recommend prevention training and education initiatives for professional development, health systems, and community services (same as cabinet); (3) encourage the public, consumers, parents, business, and government to become partners with state government to promote prevention (same as cabinet); and (4) support research-tested programs and pilot projects that are subject to quantitative evaluation for effectiveness.

The bill permits the council to provide funds, lend staff, or make in-kind contributions to the Governor's Partnership to Protect Connecticut's Workforce (see BACKGROUND) so that the partnership can help the council in prevention planning, training, technical assistance, starting pilot or demonstration projects, or any other type of assistance OPM decides. The council can do this through OPM, any other state agency or governmental entity, or the private sector. And it must do this within available appropriations.

Council Composition

The council is chaired by the OPM secretary and also includes the chief court administrator; the children's secretary; the commissioners of Social Services, Public Health, Mental Health and Addiction Services, Education, Higher Education, Labor, Correction, and Public Safety; and any other members the governor appoints. All members can appoint designees.

Prevention Advisory Board

The bill creates a 15-member board that must collaborate with the council to submit an annual report to the governor and General Assembly on the adequacy of the OPM secretary's statewide prevention plan and budget. It must recommend policy or program changes, innovations, and improvements in preventive services that it believes necessary.

The board's members must include people with interest, expertise, and direct experience in prevention and preventive services. They must

include “primary prevention” experts in health, safety, and learning. (The bill does not define this term.)

The governor appoints seven members, the Senate president pro tempore and House speaker appoint four each. The governor appoints the chairman. No member can serve for more than eight years in a 12-year period.

PREVENTION IMPACT STATEMENTS AND BENCHMARKS

Prevention Impact Statements

The bill requires “involved” state agencies that propose a new program or expand an existing one to submit a prevention impact statement to OPM and the General Assembly before they are approved and implemented. Statements must also be submitted whenever an agency proposes spending over \$500,000 in state or federal funds. The bill defines an impact statement as a set of processes that state agencies use “to examine, in advance, the effects or potential effects of their proposed actions or nonactions involving prevention services.” The General Assembly apparently must approve these processes.

Agencies must begin submitting statements annually beginning July 1, 2004. They may submit one any time after October 1, 2001. The statements must follow a format and methodology the UConn schools of Family Studies and Allied Health adopt in cooperation with OPM.

The statement must include:

1. a description of the proposal and its effects on policies, practices, or services, including direct and indirect effects, that may result during or after it occurs;
2. a cost-benefit analysis of the proposal that addresses (a) the extent to which it will promote or divert resources from the Prevention Council’s policies and (b) over the short- and long-term, how it affects its target population in terms of promoting parenting, safety, learning, and family planning and reducing adolescent pregnancy, child abuse, homelessness, illness, crime, or school failure; and

3. benchmarks and timetables to fully serve the at-risk population.

Benchmarks

The bill requires OPM, by July 1, 2002, to develop objective outcome and accountability measures to guide prevention planning and evaluate programs. These measures must, at a minimum, gauge program efficacy and cost effectiveness, measure new programs' effectiveness on at-risk caseloads, and avoid duplication. They must be flexible but use uniform and consistent standards.

DCF REORGANIZATION

Agency Leadership and Structure

The bill renames DCF the Department of Children and changes the department head's title from commissioner to secretary. It requires the secretary to have an advanced degree; broad knowledge of children's issues; and extensive experience in high-level management positions requiring strategic planning, financial analysis, and negotiation skills.

It divides the department into four offices:

1. Child Protection—responsible for abused and neglected children, foster care and adoption, and the department's regional offices;
2. Behavioral Health—responsible for mental health and substance abuse services and families with service needs;
3. Juvenile Justice—responsible for Long Lane School, the Connecticut Juvenile Training School, and juvenile justice services currently provided by DCF; and
4. Family Services—responsible for prevention activities related to the other offices' areas of responsibility.

The bill makes the head of each office responsible for its budget and administration. The secretary is responsible for the final agency budget and overall policy coordination.

Management Assistance Team

The bill requires the OPM secretary to hire an independent team of management and financial experts to help the secretary for five years. It appropriates \$300,000 to OPM in FY 2001-02 for this purpose. The team is to:

1. assess the financial and program responsibilities and competencies available to the Children's Department and those it requires compared to DCF;
2. recommend, immediately and over the five years it is in place, changes in management structures needed to transform DCF into the new department;
3. recommend how the department can assure that services are integrated across its four functional offices, both centrally and in regional offices;
4. as part of its service integration recommendations, assess (a) the feasibility of establishing separate deputy secretary positions for management and service integration and spending coordination, (b) the feasibility of a crisis response team of designated managers, and (c) the adequacy of state and community resource available to the department to carry out its functions and make recommendations about resource development or reallocation; and
5. develop a strategy to implement alternatives to juvenile detention.

The bill makes the team accountable to the children's secretary who must report annually to the Children's Committee, beginning by January 1, 2002, on the team's recommendations and their implementation.

BACKGROUND***Governor's Partnership to Protect Connecticut's Workforce, Inc.***

This is a nonprofit corporation that does business as the Governor's

Prevention Partnership. It is a public-private partnership that works to reduce drug and alcohol use and violence among youth through media campaigns, parent involvement in schools, family support, alternative education, and youth leadership programs. It serves as the fiduciary for a Robert Wood Johnson grant to the state.

Related Bills

HB 6707 reorganizes DCF in the same way as this bill for implementation by July 1, 2003.

sHB 7013 establishes (1) a Prevention Council with responsibilities and membership similar to the one established in this bill and (2) an advisory board. It also requires OPM to submit a biennial prevention budget and develop performance measures and requires agencies to submit prevention impact statements.

COMMENT

State Prevention Council Appropriation of Funds

The bill requires the Prevention Council to appropriate funds only for effective prevention services. But only the General Assembly can appropriate funds; the council can recommend budgeting funds for particular services.

COMMITTEE ACTION

Select Committee on Children

Joint Favorable Substitute Change of Reference

Yea 12 Nay 0

Human Services Committee

Favorable Change of Reference

Voice Vote

Judiciary Committee

Joint Favorable Report
Yea 34 Nay 1