



House of Representatives

File No. 709

General Assembly

February Session, 2004 **(Reprint of File No. 562)**

Substitute House Bill No. 5572
As Amended by House
Amendment Schedules "A" and "B"

Approved by the Legislative Commissioner
May 1, 2004

**AN ACT CONCERNING CHILD POVERTY AND THE USE OF
PSYCHOTROPIC MEDICATIONS WITH CHILDREN AND YOUTH IN
STATE CARE.**

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

1 Section 1. (NEW) (*Effective from passage*) (a) There shall be a Child
2 Poverty Council consisting of the following members or their
3 designees: The Secretary of the Office of Policy and Management, the
4 president pro tempore of the Senate, the speaker of the House of
5 Representatives, the minority leader of the Senate and the minority
6 leader of the House of Representatives, the Commissioners of Children
7 and Families, Social Services, Correction, Mental Retardation, Mental
8 Health and Addiction Services, Transportation, Public Health,
9 Education, Economic and Community Development and Health Care
10 Access, the Labor Commissioner, the Chairman of the Board of
11 Governors for Higher Education, the Child Advocate, the chairperson
12 of the State Prevention Council, the chairperson of the Children's Trust
13 Fund and the executive director of the Commission on Children. The
14 Secretary of the Office of Policy and Management or the secretary's
15 designee shall be the chairperson. The council shall develop a ten-year

16 plan, to begin upon the effective date of this section, to reduce the
17 number of children living in poverty in the state by fifty per cent.

18 (b) The plan shall contain: (1) An identification and analysis of the
19 occurrence of child poverty in the state, (2) an analysis of the long-term
20 effects of child poverty on children, their families and their
21 communities, (3) an analysis of costs of child poverty to municipalities
22 and the state, (4) an inventory of state-wide public and private
23 programs that address child poverty, (5) the percentage of the target
24 population served by such programs and the current state funding
25 levels, if any, for such programs, (6) an identification and analysis of
26 any deficiencies or inefficiencies of such programs, and (7) procedures
27 and priorities for implementing strategies to achieve a fifty per cent
28 reduction in child poverty in the state by June 30, 2014. Such
29 procedures and priorities shall include, but not be limited to, (A)
30 vocational training and placement to promote career progression, for
31 parents of children living in poverty, (B) educational opportunities,
32 including higher education opportunities, and advancement for such
33 parents and children including, but not limited to, preliteracy, literacy
34 and family literacy programs, (C) housing for such parents and
35 children, (D) day care and after-school programs and mentoring
36 programs for such children and for single parents, (E) health care
37 access for such parents and children including access to mental health
38 services and family planning, (F) treatment programs and services,
39 including substance abuse programs and services, for such parents and
40 children, and (G) accessible childhood nutrition programs.

41 (c) In developing the plan, the council shall consult with experts and
42 providers of services to children living in poverty and parents of such
43 children. The council shall hold at least one public hearing on the plan.
44 After the public hearing, the council may make any modifications that
45 the members deem necessary based on testimony given at the public
46 hearing.

47 (d) Funds from private and public sources may be accepted and
48 utilized by the council to develop and implement the plan and

49 provisions of this section.

50 (e) Not later than January 1, 2005, the council shall submit the plan,
51 in accordance with section 11-4a of the general statutes, to the joint
52 standing committees having cognizance of matters relating to
53 appropriations and human services and to the select committee having
54 cognizance of matters relating to children, along with any
55 recommendations for legislation and funding necessary to implement
56 the plan.

57 (f) On or before January 1, 2006, and annually thereafter, until
58 January 1, 2015, the council shall report, in accordance with section 11-
59 4a of the general statutes, to the joint standing committees of the
60 General Assembly having cognizance of matters relating to
61 appropriations and human services and to the select committee having
62 cognizance of matters relating to children on the implementation of the
63 plan and the extent to which state actions are in conformity with the
64 plan.

65 (g) For purposes of this section, the Secretary of the Office of Policy
66 and Management, or the secretary's designee, shall be responsible for
67 coordinating all necessary activities, including, but not limited to,
68 scheduling and presiding over meetings and public hearings.

69 (h) The council shall terminate on June 30, 2015.

70 Sec. 2. (NEW) (*Effective October 1, 2004*) The Department of Children
71 and Families shall, within available resources and with the assistance
72 of The University of Connecticut Health Center, (1) establish
73 guidelines for the use and management of psychotropic medications
74 with children and youth in the care of the Department of Children and
75 Families, and (2) establish and maintain a database to track the use of
76 psychotropic medications with children and youth committed to the
77 care of the Department of Children and Families.

This act shall take effect as follows:	
Section 1	<i>from passage</i>
Sec. 2	<i>October 1, 2004</i>

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:

Agency Affected	Fund-Effect	FY 05-14
Policy & Mgmt., Off.	GF - Cost	Potential Indeterminate
Legislative Mgmt.	GF - Cost	Minimal
Various State Agencies	GF - None	None
Children & Families, Dept.	GF - Cost	Potential

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill as amended establishes a Child Poverty Council to develop a ten year plan to reduce the number of children living in poverty in the state by 50%. The bill appoints the Secretary of the Office of Policy and Management (OPM), the president pro tempore of the Senate, the speaker of the House of Representatives, the minority leader of the Senate and the House of Representatives, the Commissioners of Children and Families, Social Services, Correction, Mental Retardation, Mental Health and Addiction Services, Transportation, Public Health, Education, Economic and Community Development and Health Care Access, the Labor Commissioner, the Chairman of the Board of Governors for Higher Education, the Child Advocate, the chairperson of the State Prevention Council, the chairperson of the Children’s Trust Fund and the Executive Director of the Commission on Children. It is anticipated that these agencies can participate in the council within their normal budgetary resources of each agency.

Legislative Management may incur minimal costs for legislator mileage reimbursement for the legislative leaders participation in the council.

The bill as amended appoints the OPM Secretary, or his designee, to be the chairperson of the council. OPM may incur costs to perform the analysis required in the bill as amended to develop the plan, the extent of these costs is unknown. The bill as amended requires the council to consult with experts, which may result in unknown costs to OPM. The bill as amended makes the Select Committee on Children staff the administrative staff of the council, which results in no fiscal impact. The bill as amended requires the council to report by January 1, 2006 and annually thereafter until January 1, 2015 on the implementation of the plan and the extent to which state actions are in conformity with the plan.

The bill as amended permits funds to be accepted from private and public sources to implement the plan. It is unknown whether these funds would be sufficient to develop the plan.

Additionally, the bill as amended requires the Department of Children and Families to (1) establish guidelines for the use and management of psychotropic medications and (2) establish and maintain a database to track the use of psychotropic medications with children and youth committed to the care of the agency. The agency will incur indeterminate administrative costs associated with accomplishing these goals, the magnitude of which will depend upon the scope of the data collected and the methodology by which it is obtained. No funding has been included within HB 5692 for this purpose. It is anticipated that the University of Connecticut Health Center will assist the department to the extent that its resources allow.

House "A" strikes the original bill and its associated fiscal impact, and becomes the bill.

House "B" requires the Department of Children and Families to establish guidelines for the use and management of psychotropic medications and establish and maintain a database to track the use of such medications with children and youth committed to the care of the agency.

OLR BILL ANALYSIS

sHB 5572 (as amended by House "A" and "B")*

AN ACT CONCERNING CHILD POVERTY**SUMMARY:**

This bill establishes a Child Poverty Council composed of legislative leaders, the Office of Policy and Management (OPM) secretary, executive agency heads, and other state officials to develop a plan to reduce the number of children living in poverty in Connecticut by 50% by July 1, 2014. They must submit the plan to various legislative committees by January 1, 2005 and then report annually on its implementation. The council terminates on June 30, 2015.

The bill also requires the Department of Children and Families (DCF) to (1) establish guidelines for using and managing psychotropic drugs with children and youth in its care and (2) establish and maintain a data base to track the use of such drugs among children and youth committed to it by a court. It must do these tasks within available resources and with the help of the UConn Health Center.

*House Amendment "A" creates the Child Poverty Council as a structure for developing and monitoring implementation of a child poverty reduction plan. It consists of the same individuals who, under the original bill were required to develop the plan under a different structure. It also eliminates requirements for the General Assembly to approve the plan and for the governor biennially to submit budget adjustments needed for the plan's purposes.

*House Amendment "B" requires DCF to establish psychotropic drug use guidelines and a tracking database.

EFFECTIVE DATE: Upon passage for the Child Poverty Council and Plan; October 1, 2004 for the DCF drug tracking.

CHILD POVERTY REDUCTION PLAN

Child Poverty Council

The bill establishes the Child Poverty Council. The council consists of the House speaker and minority leader, the Senate president pro tempore and minority leader, the OPM secretary, and the following state officials:

1. the commissioners of children and families, social services, correction, public health, mental retardation, mental health and addiction services, health care access, economic and community development, transportation, education, and labor;
2. the Board of Governors of Higher Education, Children's Trust Fund, and State Prevention Council chairmen;
3. the child advocate; and
4. the Children's Commission executive director.

The secretary, or his designee, is the council's chairman. He is responsible for coordinating the council's activities, including scheduling and presiding over meetings and hearings.

The bill does not appropriate funds for the council, but it permits it to accept and use funds from public and private sources.

Plan Contents

The council must develop a 10-year plan to reduce the number of children living in poverty in Connecticut. The plan must:

1. identify and analyze the root causes of child poverty in the state;
2. analyze the long-term effects of child poverty on children, their families, and their communities and its costs to the state and towns;
3. inventory statewide public and private programs that address child poverty, their deficiencies or inefficiencies, the percentage of the target populations they serve (presumably children living in poverty), and their current state funding levels; and
4. contain procedures and priorities for implementing strategies to

achieve the 50% reduction.

The procedures and priorities for child poverty reduction strategies must include, at a minimum:

1. vocational training and placement to promote career progress for parents of children living in poverty;
2. education, including higher education, preliteracy, literacy, and family literacy;
3. housing for parents and children;
4. day care, after-school, and mentoring programs for children and single parents;
5. access to health care, including mental health and family planning;
6. treatment programs and services for children and parents, including those for substance abuse; and
7. accessible child nutrition programs.

In developing the plan, the council must consult with experts, service providers, and parents of children living in poverty. It must also hold at least one public hearing on the plan and may, based on the hearing testimony, make any modifications to the plan that it deems needed.

Reporting

The council must submit its plan, including recommendations for legislation and funding, to the Appropriations, Human Services, and Children's committees by January 1, 2005. It must then report annually to these committees on the plan's implementation and the extent to which state actions conform to it. The first report is due by January 1, 2006.

BACKGROUND

Legislative History

On April 20, the House referred the bill (File 562) to the Legislative

Management Committee, which reported it favorably.

COMMITTEE ACTION

Select Committee on Children

Joint Favorable Substitute Change of Reference

Yea 12 Nay 1

Appropriations Committee

Joint Favorable Report

Yea 49 Nay 0

Joint Committee on Legislative Management

Joint Favorable Report

Yea 12 Nay 0