



General Assembly

January Session, 2005

**Raised Bill No. 1037**

LCO No. 3406

\* SB01037HS\_JUD032405 \*

Referred to Committee on Select Committee on Children

Introduced by:  
(KID)

**AN ACT CONCERNING REVISION OF CERTAIN DEPARTMENT OF CHILDREN AND FAMILIES STATUTES.**

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

1 Section 1. Section 17a-3 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2005*):

3 (a) The department shall plan, create, develop, operate or arrange  
4 for, administer and evaluate a comprehensive and integrated  
5 state-wide program of services, including preventive services, for  
6 children and youth whose behavior does not conform to the law or to  
7 acceptable community standards, or who are mentally ill, including  
8 deaf and hearing impaired children and youth who are mentally ill,  
9 emotionally disturbed, substance abusers, delinquent, abused,  
10 neglected or uncared for, including all children and youth who are or  
11 may be committed to it by any court, and all children and youth  
12 voluntarily admitted to the department for services of any kind.  
13 Services shall not be denied to any such child or youth solely because  
14 of other complicating or multiple disabilities. The department shall  
15 work in cooperation with other child-serving agencies and  
16 organizations to provide or arrange for preventive programs,

17 including but not limited to teenage pregnancy and youth suicide  
18 prevention, for children and youth and their families. The program  
19 shall provide services and placements that are clinically indicated and  
20 appropriate to the needs of the child or youth. In furtherance of this  
21 purpose, the department shall: [(a)] (1) Maintain the Connecticut  
22 Juvenile Training School and other appropriate facilities exclusively  
23 for delinquents; [(b)] (2) develop a comprehensive program for  
24 prevention of problems of children and youth and provide a flexible,  
25 innovative and effective program for the placement, care and  
26 treatment of children and youth committed by any court to the  
27 department, transferred to the department by other departments, or  
28 voluntarily admitted to the department; [(c)] (3) provide appropriate  
29 services to families of children and youth as needed to achieve the  
30 purposes of sections 17a-1 to 17a-26, inclusive, 17a-28 to 17a-49,  
31 inclusive, and 17a-51; [(d)] (4) establish incentive paid work programs  
32 for children and youth under the care of the department and the rates  
33 to be paid such children and youth for work done in such programs  
34 and may provide allowances to children and youth in [his] the custody  
35 of the department; [(e)] (5) be responsible to collect, interpret and  
36 publish statistics relating to children and youth within the department;  
37 [(f)] (6) conduct studies of any program, service or facility developed,  
38 operated, contracted for or supported by the department in order to  
39 evaluate its effectiveness; [(g)] (7) establish staff development and  
40 other training and educational programs designed to improve the  
41 quality of departmental services and programs, [provided no social  
42 worker trainee shall be assigned a case load prior to completing  
43 training,] and may establish educational or training programs for  
44 children, youth, parents or other interested persons on any matter  
45 related to the promotion of the well-being of children, or the  
46 prevention of mental illness, emotional disturbance, delinquency and  
47 other disabilities in children and youth; [(h)] (8) develop and  
48 implement aftercare and follow-up services appropriate to the needs of  
49 any child or youth under [his] the care of the department; [(i)] (9)  
50 establish a case audit unit to monitor each [region's] area office's

51 compliance with regulations and procedures; [(j)] (10) develop and  
52 maintain a database listing available community service programs  
53 funded by the department; [(k)] (11) provide outreach and assistance  
54 to persons caring for children whose parents are unable to do so by  
55 informing such persons of programs and benefits for which they may  
56 be eligible; and [(l)] (12) collect data sufficient to identify the housing  
57 needs of children served by the department and share such data with  
58 the Department of Economic and Community Development. [; (m)]

59 (b) The department shall prepare and submit biennially to the  
60 General Assembly a five-year master plan. The master plan shall  
61 include, but not be limited to: (1) The long-range goals and the current  
62 level of attainment of such goals of the department; (2) a detailed  
63 description of the types and amounts of services presently provided to  
64 the department's clients; (3) a detailed forecast of the service needs of  
65 current and projected target populations; (4) detailed cost projections  
66 for alternate means of meeting projected needs; (5) funding priorities  
67 for each of the five years included in the plan and specific plans  
68 indicating how the funds are to be used; (6) a written plan for the  
69 prevention of child abuse and neglect; (7) a comprehensive mental  
70 health plan for children and adolescents, including children with  
71 complicating or multiple disabilities; (8) a comprehensive plan for  
72 children and youth who are substance abusers, developed in  
73 conjunction with the Department of Mental Health and Addiction  
74 Services pursuant to the provisions of sections 19a-2a and 19a-7; and  
75 (9) an overall assessment of the adequacy of children's services in  
76 Connecticut. The plan shall be prepared within existing funds  
77 appropriated to the department. [; and (n) prepare a plan to keep  
78 children who are convicted as delinquent and will be committed to the  
79 Department of Children and Families and placed in the Connecticut  
80 Juvenile Training School in such facility for at least one year after their  
81 referral to the department, which plan shall include provisions for  
82 development of a comprehensive approach to juvenile rehabilitation.]

83 Sec. 2. Section 17a-9 of the general statutes is repealed and the

84 following is substituted in lieu thereof (*Effective from passage*):

85 (a) The commissioner shall appoint, after consultation with the state  
86 advisory council, and may remove in a like manner, two deputy  
87 commissioners who shall be in the unclassified service. The deputy  
88 commissioner for program services shall be a clinically competent  
89 professional person experienced in one or more fields of children's  
90 services and in the administration of such services, and shall be  
91 responsible for the supervision of all clinical treatment and program  
92 services of the department. The deputy commissioner of  
93 administrative services shall have experience in business or  
94 institutional administration and shall be responsible for the  
95 organizational and general administrative services of the department.

96 [(b) The commissioner shall appoint, after consultation with the  
97 state advisory council, and may remove in a like manner, six regional  
98 administrators who shall be in the unclassified service. Each regional  
99 administrator shall have skill and experience in the field of children's  
100 services and in the administration of such services. Each regional  
101 administrator shall be subject to the direction of the commissioner and  
102 shall be responsible for the operation and administration of services  
103 provided or funded by the department in the regions created by the  
104 commissioner pursuant to subsection (a) of section 17a-30.]

105 [(c)] (b) The commissioner shall appoint, in accordance with chapter  
106 67, after consultation with the state advisory council, and may remove  
107 in like manner, such directors as [he] the commissioner deems  
108 necessary, provided any director's title or duties may be changed as  
109 the commissioner deems necessary after consultation with the state  
110 advisory council.

111 [(d)] (c) The commissioner shall, in accordance with chapter 67 and  
112 after consultation with the state advisory council, appoint the  
113 administrative heads of all of the institutions and facilities transferred  
114 to the department and such other institutions and facilities as now are  
115 or hereafter may be established by or transferred to the department.

116 Such administrative heads shall have skill and experience in the  
117 administration of children's services and shall manage their  
118 institutions and facilities in accordance with the regulations and orders  
119 of the commissioner.

120 Sec. 3. Section 17a-11 of the general statutes is repealed and the  
121 following is substituted in lieu thereof (*Effective October 1, 2005*):

122 (a) The commissioner may, in the commissioner's discretion, admit  
123 to the department on a voluntary basis any child or youth who, in the  
124 commissioner's opinion, could benefit from any of the services offered  
125 or administered by, or under contract with, or otherwise available to,  
126 the department. Application for voluntary admission shall be made in  
127 writing by the parent or guardian of a child under fourteen years of  
128 age or by such person himself or herself if he or she is a child fourteen  
129 years of age or older or a youth.

130 (b) A child or youth voluntarily admitted to the department shall be  
131 deemed to be within the care of the commissioner until such admission  
132 is terminated. The commissioner shall terminate the admission of any  
133 child or youth voluntarily admitted to the department within ten days  
134 after receipt of a written request for termination from a parent or  
135 guardian of any child under fourteen years of age or from a child if  
136 such child is fourteen years of age or older, or youth, unless prior to  
137 the expiration of that time the commissioner has sought and received  
138 from the Superior Court an order of temporary custody as provided by  
139 law. The commissioner may terminate the admission of any child or  
140 youth voluntarily admitted to the department after giving reasonable  
141 notice in writing to the parent or guardian of any child under fourteen  
142 years of age and to a child fourteen years of age or older, and to any  
143 youth. Any child or youth admitted voluntarily to the department may  
144 be placed in, or transferred to, any resource, facility or institution  
145 within the department or available to the commissioner except the  
146 Connecticut Juvenile Training School, provided the commissioner shall  
147 give written notice to such child or youth and to the parent or

148 guardian of the child of the commissioner's intention to make a  
149 transfer at least ten days prior to any actual transfer, unless written  
150 notice is waived by those entitled to receive it, or unless an emergency  
151 commitment of such child or youth is made pursuant to section 17a-  
152 502.

153 (c) Not more than one hundred twenty days after admitting a child  
154 or youth on a voluntary basis, the department shall petition the  
155 probate court for the district in which a parent or guardian of the child  
156 or youth resides for a determination as to whether continuation in care  
157 is in the child's or youth's best interest and, if so, whether there is an  
158 appropriate case service or permanency plan. A case service plan shall  
159 be required for all children and youth receiving services voluntarily  
160 from the department who are not in an out-of-home placement. A  
161 permanency plan shall be required for all children and youth  
162 voluntarily admitted to the department and placed by the department  
163 in a foster home licensed pursuant to section 17a-114 or a facility  
164 licensed pursuant to section 17a-145 or 17a-154. Upon receipt of such  
165 application, the court shall set a time and place for hearing to be held  
166 within thirty days of receipt of the application, unless continued by the  
167 court for cause shown. The court shall order notice of the hearing to be  
168 given by regular mail at least five days prior to the hearing to the  
169 Commissioner of Children and Families, and by certified mail, return  
170 receipt requested, at least five days prior to the hearing to the parents  
171 or guardian of the child and the minor, if over twelve years of age. If  
172 the whereabouts of the parent or guardian are unknown, or if delivery  
173 cannot reasonably be effected, then notice shall be ordered to be given  
174 by publication. In making its determination, the court shall consider  
175 the items specified in subsection (d) of this section. The court shall  
176 possess continuing jurisdiction in proceedings under this section.

177 (d) (1) Ten months after admitting a child or youth on a voluntary  
178 basis and annually thereafter if the child or youth remains in the  
179 custody of the commissioner and remains placed in a foster home  
180 licensed pursuant to section 17a-114 or a facility licensed pursuant to

181 section 17a-145 or 17a-154, the commissioner shall file a motion for  
182 review of a permanency plan. A hearing on such motion shall be held  
183 not later than thirty days after the filing of such motion. The court shall  
184 provide notice to the child or youth and such child's or youth's parent  
185 or guardian of the time and place of the hearing on such motion not  
186 less than ten days prior to the date of such hearing.

187 (2) At a permanency hearing held in accordance with the provisions  
188 of subdivision (1) of this subsection, the court shall approve a  
189 permanency plan that is in the best interests of the child or youth and  
190 takes into consideration the child's or youth's need for permanency.  
191 The health and safety of the child or youth shall be of paramount  
192 concern in formulating such plan. At such hearing, the court shall  
193 consider among other things: (A) The appropriateness of the  
194 department's plan for service to the child or youth and his or her  
195 family; (B) the treatment and support services that have been offered  
196 and provided to the child or youth to strengthen and reunite the  
197 family; (C) if return home is not likely for the child or youth, the efforts  
198 that have been made or should be made to evaluate and plan for other  
199 modes of care; and (D) any further efforts which have been or will be  
200 made to promote the best interests of the child or youth.

201 (3) The permanency plan pursuant to subdivision (2) of this  
202 subsection may include the goal of (A) placement of the child or youth  
203 with the parent or guardian, (B) transfer of guardianship, (C) long-  
204 term foster care with a relative licensed as a foster parent or certified as  
205 a relative caregiver, (D) termination of parental rights and adoption, or  
206 (E) such other planned permanent living arrangement ordered by the  
207 court provided the commissioner has documented a compelling reason  
208 why it would not be in the best interest of the child or youth for the  
209 permanency plan to include the goals in subparagraphs (A) to (D),  
210 inclusive, of this subdivision. Such other planned permanent living  
211 arrangement may include, but not be limited to, placement of a child  
212 or youth in an independent living program or long-term foster care  
213 with an identified foster parent.

214 (4) At a permanency hearing, the court shall review the status of the  
215 child or youth and the progress being made to implement the  
216 permanency plan, determine a timetable for attaining the permanency  
217 prescribed by the plan and determine whether the commissioner has  
218 made reasonable efforts to achieve the permanency plan. At the  
219 conclusion of the hearing, the court may: (A) Direct that the services  
220 being provided, or the placement of the child or youth and  
221 reunification efforts, be continued if the court, after hearing,  
222 determines that continuation of the child or youth in services or  
223 placement is in the child's or youth's best interests, or (B) direct that the  
224 child's or youth's services or placement be modified to reflect the  
225 child's or youth's best interest.

226 (e) The commissioner shall adopt regulations in accordance with  
227 chapter 54 describing the documentation required for voluntary  
228 admission and for informal administrative case review, upon request,  
229 of any denial of an application for voluntary admission.

230 (f) Any person aggrieved by a decision of the commissioner denying  
231 voluntary services may appeal such decision through an  
232 administrative hearing held pursuant to chapter 54.

233 (g) Notwithstanding any provision of sections 17a-1 to 17a-26,  
234 inclusive, and 17a-28 to 17a-49, inclusive, to the contrary, any person  
235 already under the care and supervision of the Commissioner of  
236 Children and Families who has passed such person's eighteenth  
237 birthday but has not yet reached such person's twenty-first birthday,  
238 may be permitted to remain voluntarily under the supervision of the  
239 commissioner, provided said commissioner, in said commissioner's  
240 discretion, determines that such person would benefit from further  
241 care and support from the Department of Children and Families.

242 (h) Upon motion of any interested party in a Probate Court  
243 proceeding under this section, the probate court of record may transfer  
244 the file for cause shown to a probate court for a district other than the  
245 district in which the initial or permanency hearing was held. The file

246 shall be transferred by the probate court of record making copies of all  
247 recorded documents in the court file, certifying each of them, and  
248 delivering the certified copies to the probate court to which the matter  
249 is transferred.

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

252 (a) Each community collaborative shall, within available  
253 appropriations, (1) complete a local needs assessment which shall  
254 include objectives and performance measures, (2) specify the number  
255 of children and youth requiring behavioral health services, (3) specify  
256 the number of children and youth actually receiving community-based  
257 and residential services and the type and frequency of such services,  
258 and (4) complete an annual self-evaluation process and a review of  
259 discharge summaries. Each community collaborative shall submit its  
260 local needs assessment to the Commissioner of Children and Families  
261 and the Commissioner of Social Services.

262 (b) The [regional] area offices of the Department of Children and  
263 Families shall contract with lead service agencies, within available  
264 appropriations, to coordinate the care of all children and youth  
265 enrolled in Connecticut Community KidCare residing within their  
266 designated catchment areas, including children and youth with  
267 complex behavioral health service needs. The lead service agencies  
268 shall employ or subcontract for the employment of care coordinators to  
269 assist families in establishing and implementing individual service  
270 plans for children and youth with complex behavioral health service  
271 needs and to improve clinical outcomes and cost effectiveness. Parents  
272 shall be afforded a choice of contracted providers for authorized  
273 services.

274 (c) Each community collaborative may establish the number of  
275 members and the type of representatives to ensure that the  
276 membership of such collaborative is appropriately balanced. The chief  
277 elected officers of municipalities served by a community collaborative

278 may designate a member to serve as a representative of the chief  
279 elected officials. A community collaborative, at a minimum, shall  
280 consist of representatives from the local or regional board of education,  
281 special education program, youth services bureau, local departments  
282 of social services and public health, representatives from private  
283 organizations serving children and youth and a substantial number of  
284 parents of children and youth with behavioral health needs. A  
285 community collaborative shall participate in the [regional] area  
286 advisory councils established under section 17a-30, provide outreach  
287 to community resources, coordinate behavioral health services by  
288 forming, with the consent of the family, child specific teams for  
289 children and youth with complex behavioral health service needs,  
290 conduct community need assessments to identify service gaps and  
291 service barriers, identify priority investment areas for the state and  
292 lead service agencies and provide public education and support. A  
293 community collaborative shall establish a governance structure,  
294 determine membership and identify or establish a fiscal agent.

295 (d) The Commissioner of Children and Families and the  
296 Commissioner of Social Services shall, within available appropriations,  
297 provide or arrange for the administrative services necessary to operate  
298 Connecticut Community KidCare.

299 Sec. 5. Section 17a-22d of the general statutes is repealed and the  
300 following is substituted in lieu thereof (*Effective from passage*):

301 The Commissioner of Children and Families may, within available  
302 appropriations, provide financial assistance for the establishment of an  
303 organization, with local chapters in each [region] area served by the  
304 Department of Children and Families, that shall provide family-to-  
305 family support and family advocates for children, youth and their  
306 families, and when requested by the family, assist the family with the  
307 individual service plan process and otherwise encourage active family  
308 participation in treatment and Connecticut Community KidCare  
309 planning. Such organization shall assure that families have input into

310 the development and implementation of their individual service plans,  
311 including those established pursuant to section 17a-127, and into  
312 policy and planning for, and the implementation and evaluation of,  
313 Connecticut Community KidCare.

314 Sec. 6. Section 17a-22e of the general statutes is repealed and the  
315 following is substituted in lieu thereof (*Effective from passage*):

316 On and after October 1, 2002, the Commissioners of Children and  
317 Families and Social Services shall submit quarterly reports concerning  
318 the implementation of Connecticut Community KidCare to the joint  
319 standing committees of the General Assembly having cognizance of  
320 matters relating to human services, public health and education. Not  
321 later than January 1, 2004, and annually thereafter, the commissioners  
322 shall submit a report to said joint standing committees concerning (1)  
323 the number, ages, sex and race of children and youth in out-of-state  
324 residential facilities, (2) the number, ages, sex and race of children and  
325 youth in in-state residential facilities, (3) the number, ages, sex and  
326 race of children and youth in nonresidential treatment, (4) annual  
327 public funds expended for out-of-state placements, the sources of such  
328 funds and the average cost per child and youth of such out-of-state  
329 placement, (5) annual public funds expended for in-state residential  
330 placements, the sources of such funds and the average cost per child  
331 and youth of such in-state residential placement, (6) annual public  
332 funds expended for nonresidential treatment by type of service  
333 provided, the sources of such funds and the average cost per child and  
334 youth of such nonresidential treatment, (7) the average length of stay  
335 in out-of-state and in-state placements, (8) the number, ages, sex and  
336 race of children and youth placed in out-of-home treatment compared  
337 to the total number of children and youth in each [region] service  
338 delivery area of the state, and (9) expenditures made during each  
339 reporting period.

340 Sec. 7. Section 17a-30 of the general statutes is repealed and the  
341 following is substituted in lieu thereof (*Effective from passage*):

342 (a) The commissioner shall create [regions consistent with the  
343 subdistricts established by the council on human services pursuant to  
344 subsection (a) of section 4-60n of the general statutes, revision of 1958,  
345 revised to 1975,] distinct service areas and shall create in each such  
346 [region a regional] area, an area advisory council to advise the  
347 commissioner and the area director on the development and delivery  
348 of services of the department in that [region] area and to facilitate the  
349 coordination of services for children, youth and their families in the  
350 [region] area.

351 (b) Each [regional] area advisory council shall consist of no more  
352 than twenty-one persons, a majority of whom shall be persons who  
353 earn less than fifty per cent of their salaries from the provision of  
354 services to children, youth and their families, and the balance  
355 representative of private providers of human services throughout the  
356 [region] area. The commissioner, or the commissioner's designee, shall  
357 appoint one-third of the representatives of each group for a term of  
358 three years, one-third for a term of two years, and one-third for a term  
359 of one year. No person may serve more than two consecutive three-  
360 year terms. All subsequent appointments to replace those whose terms  
361 have expired shall be for a term of three years. No person may serve  
362 on more than one area advisory council at a time. Notwithstanding the  
363 provisions of section 4-9b, the area director shall make a good faith  
364 effort to ensure that, to the extent possible, the membership is qualified  
365 and more closely reflects the gender and racial diversity of the area. All  
366 members shall serve without compensation. Each [regional] area  
367 advisory council shall elect [a chairman and a vice-chairman to act in  
368 the chairman's absence] two cochairpersons. Each [regional] area  
369 advisory council shall meet at least quarterly, or more often at the call  
370 of the [chairman] cochairpersons or a majority of the council members.  
371 The area director or a designee of the area director shall be an ex-  
372 officio member of the council without the right to vote. Any member  
373 who fails to attend three consecutive meetings or fifty per cent of all  
374 meetings during any calendar year shall be deemed to have resigned.  
375 A majority of the members in office, but not less than six members

376 shall constitute a quorum.

377 Sec. 8. Section 17a-47 of the general statutes is repealed and the  
378 following is substituted in lieu thereof (*Effective from passage*):

379 There shall be a legal division which shall consist of attorneys-at-  
380 law assigned to [each regional office of the department, who shall be  
381 assistant attorneys general on the staff and under the direct  
382 supervision of the Attorney General. Said division] the Department of  
383 Children and Families, who shall be on the staff and under the  
384 supervision of the Commissioner of Children and Families. There shall  
385 also be assistant attorneys general on the staff and under the direct  
386 supervision of the Attorney General. Such assistant attorneys general  
387 shall diligently prosecute petitions of neglect giving priority to  
388 petitions which allege child abuse as the grounds of neglect. [The  
389 Department of Children and Families shall cooperate with such  
390 attorneys in preparation of their cases and shall render such assistance  
391 to them] Such assistant attorneys general and the department shall  
392 cooperate in preparation of such cases as shall be necessary to protect  
393 the safety and best interest of the child named in the petition.

394 Sec. 9. Section 17a-55 of the general statutes is repealed and the  
395 following is substituted in lieu thereof (*Effective from passage*):

396 The Commissioner of Children and Families shall implement a  
397 system of awarding grants to community service programs whereby  
398 such programs are funded proportionate to their effectiveness in  
399 treating clients of the department. The evaluation of a program shall be  
400 based on (1) an analysis of program outcomes; (2) an assessment of  
401 [regional] needs for treatment services in each service delivery area;  
402 and (3) the availability of the program to clients of the department. The  
403 Department of Children and Families shall collect, maintain and  
404 analyze the data to be used in the evaluation process on an ongoing  
405 basis. The commissioner shall impose a probationary period on a  
406 program found to be ineffective and shall propose requirements for the  
407 improvement of such a program. The commissioner shall determine

408 the length of the probationary period and shall cease to fund a  
409 program which has not met the proposed requirements for  
410 improvement within such period.

411 Sec. 10. Section 17a-56 of the general statutes is repealed and the  
412 following is substituted in lieu thereof (*Effective from passage*):

413 (a) The [Commissioner of Children and Families] Children's Trust  
414 Fund Council shall establish the structure for a state-wide system for  
415 Healthy Families Connecticut, which is based on the national Healthy  
416 Families model, and which is intended to demonstrate the benefits of  
417 preventive services by significantly reducing the abuse and neglect of  
418 infants and by enhancing parent-child relationships through hospital-  
419 based assessment with home outreach follow-up on infants and their  
420 families within families identified as high risk.

421 (b) Within available appropriations, the [Commissioner of Children  
422 and Families] Children's Trust Fund Council shall establish healthy  
423 families pilot programs in geographic areas which are not currently  
424 served by prevention outreach services and which have a high rate of  
425 confirmed child abuse and neglect, a high rate of infant mortality and  
426 low birthweight infants, or a high rate of teen pregnancy. [On and after  
427 July 1, 1997, the commissioner shall establish three additional pilot  
428 sites. Services shall be provided on a voluntary basis to families  
429 identified through the assessment process as having a high risk of  
430 child abuse or neglect.]

431 (c) The healthy families pilot programs shall: (1) Provide a  
432 comprehensive risk assessment of all newborn children and their  
433 families; (2) identify families that would benefit most from the  
434 program; (3) provide and coordinate support services including, but  
435 not limited to, community-based home visiting intervention services,  
436 counseling, child care and primary health care services; and (4)  
437 provide follow-up and support services until the child attains the age  
438 of five.

439 (d) The [Commissioner of Children and Families] Children's Trust  
440 Fund Council shall: (1) Develop the comprehensive risk assessment to  
441 be used by the [pilot] programs; (2) develop the training program,  
442 standards, and protocols for the [pilot] programs; and (3) develop,  
443 issue and evaluate requests for proposals to procure the services  
444 required by this section. In evaluating the proposals, the  
445 [commissioner] Children's Trust Fund Council shall take into  
446 consideration the most effective and consistent service delivery system  
447 allowing for the continuation of current public and private programs.

448 (e) The [Commissioner of Children and Families] Children's Trust  
449 Fund Council shall establish a data system to enable the [pilot]  
450 programs to document the following information in a standard  
451 manner: (1) The level of screening and assessment; (2) profiles of risk  
452 and family demographics; (3) the incidence of child abuse and neglect;  
453 (4) rates of child development; and (5) any other information the  
454 [commissioner] Children's Trust Fund Council deems appropriate.

455 (f) The [Commissioner of Children and Families] Children's Trust  
456 Fund Council shall report, in accordance with section 11-4a, to the  
457 General Assembly on the establishment, implementation and progress  
458 of Healthy Families Connecticut, on January first [and July first,] of  
459 each year. [The first report shall be due on January 1, 1996.]

460 Sec. 11. Subsection (b) of section 17a-79 of the general statutes is  
461 repealed and the following is substituted in lieu thereof (*Effective*  
462 *October 1, 2005*):

463 (b) No child in the custody of the Commissioner of Children and  
464 Families shall be admitted for diagnosis or treatment except in  
465 accordance with sections 17a-76 to 17a-78, inclusive, unless (1) the  
466 commissioner requests such admission, (2) legal counsel appointed by  
467 the [court] superior court for juvenile matters or court of probate in  
468 accordance with section 17a-76 agrees, in writing, to such admission,  
469 and (3) the child, if fourteen years of age or over consents to such  
470 admission. The parents or guardian of the person of such child, if any,

471 shall be notified within five days of such admission that such child has  
472 been hospitalized under the provisions of this section. If the  
473 whereabouts of such parents or guardian of the person is unknown,  
474 then the nearest relative of such child shall be notified. In the event  
475 either parent or the guardian of the person of the child requests in  
476 writing the release of such child, the hospital shall release such child,  
477 unless the Commissioner of Children and Families commences  
478 commitment proceedings in accordance with sections 17a-76 and 17a-  
479 77. The hospital may detain the child for five business days after  
480 receipt of the written request in order to allow an application to be  
481 filed. If an application is filed, hospitalization shall be continued for an  
482 additional period of time to allow the application to be heard, but in no  
483 event shall hospitalization continue for more than fifteen days, or  
484 twenty-five days, if the matter has been transferred to the Superior  
485 Court, beyond the receipt of such application by the court.

486 Sec. 12. Subsection (b) of section 17a-114 of the general statutes is  
487 repealed and the following is substituted in lieu thereof (*Effective from*  
488 *passage*):

489 (b) (1) No child in the custody of the Commissioner of Children and  
490 Families shall be placed with any person, unless such person is  
491 licensed for that purpose by the department or the Department of  
492 Mental Retardation pursuant to the provisions of section 17a-227, or  
493 such person's home is approved by a child placing agency licensed by  
494 the commissioner pursuant to section 17a-149. Any person licensed by  
495 the department may be a prospective adoptive parent. The  
496 commissioner shall adopt regulations, in accordance with the  
497 provisions of chapter 54, to establish the licensing procedures and  
498 standards.

499 (2) The commissioner shall require each applicant for licensure  
500 pursuant to this section and any person sixteen years of age or older  
501 living in the household of such applicant to submit to state and  
502 national criminal history records checks prior to issuing a license to

503 such applicant to accept placement of a child. Such criminal history  
504 records checks shall be conducted in accordance with section 29-17a.  
505 The commissioner shall also check the state child abuse registry  
506 established pursuant to section 17a-101k for the name of such  
507 applicant and for the name of any person sixteen years of age or older  
508 living in the household of such applicant for perpetrator information.

509 Sec. 13. Section 17a-145 of the general statutes is repealed and the  
510 following is substituted in lieu thereof (*Effective October 1, 2005*):

511 No person or entity shall care for or board a child without a license  
512 obtained from the Commissioner of Children and Families, except: (1)  
513 When a child has been placed by a person or entity holding a license  
514 from the commissioner; (2) any residential educational institution  
515 exempted by the state Board of Education under the provisions of  
516 section 17a-152; [or] (3) residential facilities licensed by the Department  
517 of Mental Retardation pursuant to section 17a-227, or (4) facilities  
518 providing child day care services, as defined in section 19a-77. The  
519 person or entity seeking a child-care facility license shall file with the  
520 commissioner an application for a license, in such form as the  
521 commissioner furnishes, stating the location where it is proposed to  
522 care for such child, the number of children to be cared for, in the case  
523 of a corporation, the purpose of the corporation and the names of its  
524 chief officers and of the actual person responsible for the child. The  
525 Commissioner of Children and Families is authorized to fix the  
526 maximum number of children to be boarded and cared for in any such  
527 home or institution or by any person or entity licensed by the  
528 commissioner. Each person or entity holding a license under the  
529 provisions of this section shall file annually, with the commissioner, a  
530 report stating the number of children received and removed during  
531 the year, the number of deaths and the causes of death, the average  
532 cost of support per capita and such other data as [he] the commissioner  
533 may prescribe.

534 Sec. 14. Section 20-14i of the general statutes is repealed and the

535 following is substituted in lieu thereof (*Effective October 1, 2005*):

536 Any provisions to the contrary notwithstanding, chapter 378 shall  
 537 not prohibit the administration of medication to persons attending day  
 538 programs, or residing in residential facilities, under the jurisdiction of  
 539 the Departments of Children and Families, Correction, Mental  
 540 Retardation and Mental Health and Addiction Services, or being  
 541 detained in juvenile detention centers or residing in residential  
 542 facilities dually licensed by the Department of Children and Families  
 543 and the Department of Public Health, when such medication is  
 544 administered by trained persons, pursuant to the written order of a  
 545 physician licensed under this chapter, a dentist licensed under chapter  
 546 379, an advanced practice registered nurse licensed to prescribe in  
 547 accordance with section 20-94a or a physician assistant licensed to  
 548 prescribe in accordance with section 20-12d, authorized to prescribe  
 549 such medication. The provisions of this section shall not apply to  
 550 institutions, facilities or programs licensed pursuant to chapter 368v.

551 Sec. 15. Sections 17a-106c and 17a-125 of the general statutes are  
 552 repealed. (*Effective October 1, 2005*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2005</i>	17a-3
Sec. 2	<i>from passage</i>	17a-9
Sec. 3	<i>October 1, 2005</i>	17a-11
Sec. 4	<i>from passage</i>	17a-22b
Sec. 5	<i>from passage</i>	17a-22d
Sec. 6	<i>from passage</i>	17a-22e
Sec. 7	<i>from passage</i>	17a-30
Sec. 8	<i>from passage</i>	17a-47
Sec. 9	<i>from passage</i>	17a-55
Sec. 10	<i>from passage</i>	17a-56
Sec. 11	<i>October 1, 2005</i>	17a-79(b)
Sec. 12	<i>from passage</i>	17a-114(b)
Sec. 13	<i>October 1, 2005</i>	17a-145

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Sec. 14	<i>October 1, 2005</i>	20-14i
Sec. 15	<i>October 1, 2005</i>	17a-106c and 17a-125 repealed

**KID**      *Joint Favorable C/R*      HS

**HS**      *Joint Favorable C/R*      JUD