



General Assembly

February Session, 2006

Raised Bill No. 369

LCO No. 1857

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Referred to Committee on Select Committee on Children

Introduced by:
(KID)

AN ACT CONCERNING THE TRANSITION AND COORDINATION OF CARE BY THE DEPARTMENTS OF MENTAL RETARDATION AND CHILDREN AND FAMILIES.

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

1 Section 1. Section 17a-3 of the 2006 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective from passage*):

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

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

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

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.

78 (c) The department shall prepare a plan to keep children who are
79 convicted as delinquent and will be committed to the Department of
80 Children and Families and placed in the Connecticut Juvenile Training
81 School in such facility for at least one year after their referral to the
82 department, which plan shall include provisions for development of a

83 comprehensive approach to juvenile rehabilitation.

84 (d) The commissioner shall develop and implement an interagency
85 agreement with the Department of Mental Retardation to provide for
86 the transition of care for children and youth who are both mentally
87 retarded and committed to the care and supervision of the
88 commissioner. The commissioner shall continue to provide such care
89 for any individual eighteen years of age or older until twenty-one
90 years of age if the individual is a full-time student, or upon completion
91 of high school, whichever occurs first. Under the interagency
92 agreement, the commissioner shall (1) locate and provide appropriate
93 services to such youth, including, but not limited to, support and
94 placements, and (2) develop a transition plan in consultation with the
95 Department of Mental Retardation, for such eligible youth beginning
96 at sixteen years of age.

97 Sec. 2. Section 17a-210 of the 2006 supplement to the general statutes
98 is repealed and the following is substituted in lieu thereof (*Effective*
99 *from passage*):

100 (a) There shall be a Department of Mental Retardation. The
101 Department of Mental Retardation, with the advice of a Council on
102 Mental Retardation, shall be responsible for the planning,
103 development and administration of complete, comprehensive and
104 integrated state-wide services for persons with mental retardation and
105 persons medically diagnosed as having Prader-Willi syndrome. The
106 Department of Mental Retardation shall be under the supervision of a
107 Commissioner of Mental Retardation, who shall be appointed by the
108 Governor in accordance with the provisions of sections 4-5 to 4-8,
109 inclusive. The Council on Mental Retardation may advise the
110 Governor on the appointment. The commissioner shall be a person
111 who has background, training, education or experience in
112 administering programs for the care, training, education, treatment
113 and custody of persons with mental retardation. The commissioner
114 shall be responsible, with the advice of the council, for: (1) Planning

115 and developing complete, comprehensive and integrated state-wide
116 services for persons with mental retardation; (2) the implementation
117 and where appropriate the funding of such services; and (3) the
118 coordination of the efforts of the Department of Mental Retardation
119 with those of other state departments and agencies, municipal
120 governments and private agencies concerned with and providing
121 services for persons with mental retardation, including, but not limited
122 to, coordination of efforts with the Commissioner of Children and
123 Families in accordance with subsection (c) of this section. The
124 commissioner shall be responsible for the administration and
125 operation of the state training school, state mental retardation regions
126 and all state-operated community-based residential facilities
127 established for the diagnosis, care and training of persons with mental
128 retardation. The commissioner shall be responsible for establishing
129 standards, providing technical assistance and exercising the requisite
130 supervision of all state-supported residential, day and program
131 support services for persons with mental retardation and work activity
132 programs operated pursuant to section 17a-226. The commissioner
133 shall conduct or monitor investigations into allegations of abuse and
134 neglect and file reports as requested by state agencies having statutory
135 responsibility for the conduct and oversight of such investigations. In
136 the event of the death of a person with mental retardation for whom
137 the department has direct or oversight responsibility for medical care,
138 the commissioner shall ensure that a comprehensive and timely review
139 of the events, overall care, quality of life issues and medical care
140 preceding such death is conducted by the department and shall, as
141 requested, provide information and assistance to the Independent
142 Mortality Review Board established by Executive Order No. 25 of
143 Governor John G. Rowland. The commissioner shall report to the
144 board and the board shall review any death: (A) Involving an
145 allegation of abuse or neglect; (B) for which the Office of Chief Medical
146 Examiner or local medical examiner has accepted jurisdiction; (C) in
147 which an autopsy was performed; (D) which was sudden and
148 unexpected; or (E) in which the commissioner's review raises questions

149 about the appropriateness of care. The commissioner shall stimulate
150 research by public and private agencies, institutions of higher learning
151 and hospitals, in the interest of the elimination and amelioration of
152 retardation and care and training of persons with mental retardation.

153 (b) The commissioner shall be responsible for the development of
154 criteria as to the eligibility of any person with mental retardation for
155 residential care in any public or state-supported private institution
156 and, after considering the recommendation of a properly designated
157 diagnostic agency, may assign such person to a public or state-
158 supported private institution. The commissioner may transfer such
159 persons from one such institution to another when necessary and
160 desirable for their welfare, provided such person and such person's
161 parent, conservator, guardian or other legal representative receive
162 written notice of their right to object to such transfer at least ten days
163 prior to the proposed transfer of such person from any such institution
164 or facility. Such prior notice shall not be required when transfers are
165 made between residential units within the training school or a state
166 mental retardation region or when necessary to avoid a serious and
167 immediate threat to the life or physical or mental health of such person
168 or others residing in such institution or facility. The notice required by
169 this subsection shall notify the recipient of his or her right to object to
170 such transfer, except in the case of an emergency transfer as provided
171 in this subsection, and shall include the name, address and telephone
172 number of the Office of Protection and Advocacy for Persons with
173 Disabilities. In the event of an emergency transfer, the notice required
174 by this subsection shall notify the recipient of his or her right to
175 request a hearing in accordance with subsection [(c)] (d) of this section
176 and shall be given within ten days following the emergency transfer.
177 In the event of an objection to the proposed transfer, the commissioner
178 shall conduct a hearing in accordance with subsection [(c)] (d) of this
179 section and the transfer shall be stayed pending final disposition of the
180 hearing, provided no such hearing shall be required if the
181 commissioner withdraws such proposed transfer.

182 (c) The commissioner shall be responsible for assisting the
183 Commissioner of Children and Families in the development and
184 implementation of an interagency agreement pursuant to section 17a-3,
185 as amended by this act, for the transition of care for children and youth
186 who are in the custody of the Commissioner of Children and Families.

187 [(c)] (d) Any person with mental retardation who is eighteen years
188 of age or older and who resides at any institution or facility operated
189 by the Department of Mental Retardation, or the parent, guardian,
190 conservator or other legal representative of any person with mental
191 retardation who resides at any such institution or facility, may object to
192 any transfer of such person from one institution or facility to another
193 for any reason other than a medical reason or an emergency, or may
194 request such a transfer. In the event of any such objection or request,
195 the commissioner shall conduct a hearing on such proposed transfer,
196 provided no such hearing shall be required if the commissioner
197 withdraws such proposed transfer. In any such transfer hearing, the
198 proponent of a transfer shall have the burden of showing, by clear and
199 convincing evidence, that the proposed transfer is in the best interest
200 of the resident being considered for transfer and that the facility and
201 programs to which transfer is proposed (1) are safe and effectively
202 supervised and monitored, and (2) provide a greater opportunity for
203 personal development than the resident's present setting. Such hearing
204 shall be conducted in accordance with the provisions of chapter 54.

205 [(d)] (e) Any person, or the parent, guardian, conservator or other
206 legal representative of such person, may request a hearing for any final
207 determination by the department that denies such person eligibility for
208 programs and services of the department. A request for a hearing shall
209 be made in writing to the commissioner. Such hearing shall be
210 conducted in accordance with the provisions of chapter 54.

211 [(e)] (f) Any person with mental retardation, or the parent, guardian,
212 conservator or other legal representative of such person, may request a
213 hearing to contest the priority assignment made by the department for

214 persons seeking residential placement, residential services or
215 residential support. A request for hearing shall be made, in writing, to
216 the commissioner. Such hearing shall be conducted in accordance with
217 the provisions of chapter 54.

218 [(f)] (g) Any person with mental retardation or the parent, guardian,
219 conservator or other legal representative of such person, may object to
220 (1) a proposed approval by the department of a program for such
221 person that includes the use of behavior-modifying medications or
222 aversive procedures, or (2) a proposed determination of the
223 department that community placement is inappropriate for such
224 person placed under the direction of the commissioner. The
225 department shall provide written notice of any such proposed
226 approval or determination to the person, or to the parent, guardian,
227 conservator or other legal representative of such person, at least ten
228 days prior to making such approval or determination. In the event of
229 an objection to such proposed approval or determination, the
230 commissioner shall conduct a hearing in accordance with the
231 provisions of chapter 54, provided no such hearing shall be required if
232 the commissioner withdraws such proposed approval or
233 determination.

234 Sec. 3. Subsection (l) of section 17a-274 of the general statutes is
235 repealed and the following is substituted in lieu thereof (*Effective from*
236 *passage*):

237 (l) [In the event that any] If a person placed under the provisions of
238 this section is recommended for transfer by the Department of Mental
239 Retardation, the department shall proceed as required by subsection
240 [(c)] (d) of section 17a-210, as amended by this act, and shall in
241 addition notify the probate court which made the placement.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17a-3

Sec. 2	<i>from passage</i>	17a-210
Sec. 3	<i>from passage</i>	17a-274(1)

Statement of Purpose:

To provide for the development and implementation of interagency agreements between the Departments of Children and Families and Mental Retardation with respect to children and youth under the care and supervision of both departments.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]