



General Assembly

**Substitute Bill No. 369**

February Session, 2006

\* \_\_\_\_\_SB00369PH\_APP032006\_\_\_\_\_\*

**AN ACT CONCERNING THE TRANSITION AND COORDINATION OF CARE BY THE DEPARTMENTS OF MENTAL RETARDATION, CHILDREN AND FAMILIES AND MENTAL HEALTH AND ADDICTION SERVICES.**

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2 statutes is repealed and the following is substituted in lieu thereof  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. The commissioner shall  
92 coordinate services provided pursuant to the interagency agreement  
93 with applicable services available under the Project Safe interagency  
94 collaboration established in section 17a-453c. Under the interagency  
95 agreement, the commissioner shall (1) locate and provide appropriate  
96 services to such youth, including, but not limited to, support and  
97 placements, and (2) develop a transition plan in consultation with the  
98 Department of Mental Retardation, for such eligible youth beginning  
99 at sixteen years of age.

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101 is repealed and the following is substituted in lieu thereof (*Effective*  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

103       (a) There shall be a Department of Mental Retardation. The  
104 Department of Mental Retardation, with the advice of a Council on  
105 Mental Retardation, shall be responsible for the planning,  
106 development and administration of complete, comprehensive and  
107 integrated state-wide services for persons with mental retardation and  
108 persons medically diagnosed as having Prader-Willi syndrome. The  
109 Department of Mental Retardation shall be under the supervision of a  
110 Commissioner of Mental Retardation, who shall be appointed by the  
111 Governor in accordance with the provisions of sections 4-5 to 4-8,  
112 inclusive. The Council on Mental Retardation may advise the  
113 Governor on the appointment. The commissioner shall be a person  
114 who has background, training, education or experience in  
115 administering programs for the care, training, education, treatment  
116 and custody of persons with mental retardation. The commissioner  
117 shall be responsible, with the advice of the council, for: (1) Planning  
118 and developing complete, comprehensive and integrated state-wide  
119 services for persons with mental retardation; (2) the implementation

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

155 retardation and care and training of persons with mental retardation.

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

185 (c) The commissioner shall be responsible for assisting the  
186 Commissioner of Children and Families in the development and  
187 implementation of an interagency agreement pursuant to section 17a-3,

188 as amended by this act, for the transition of care for children and youth  
189 who are in the custody of the Commissioner of Children and Families.

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

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

214 [(e)] (f) Any person with mental retardation, or the parent, guardian,  
215 conservator or other legal representative of such person, may request a  
216 hearing to contest the priority assignment made by the department for  
217 persons seeking residential placement, residential services or  
218 residential support. A request for hearing shall be made, in writing, to  
219 the commissioner. Such hearing shall be conducted in accordance with  
220 the provisions of chapter 54.

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

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

240        (l) ~~[In the event that any]~~ If a person placed under the provisions of  
 241 this section is recommended for transfer by the Department of Mental  
 242 Retardation, the department shall proceed as required by subsection  
 243 ~~[(c)]~~ (d) of section 17a-210, as amended by this act, and shall in  
 244 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(l)

**KID**

*Joint Favorable Subst. C/R*

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*Joint Favorable C/R*

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