



General Assembly

January Session, 2007

Raised Bill No. 1197

LCO No. 4321

* SB01197KIDHS_030607 *

Referred to Committee on Select Committee on Children

Introduced by:
(KID)

AN ACT CONCERNING THE TRANSITION OF CARE AND TREATMENT OF CHILDREN AND YOUTH FROM THE DEPARTMENT OF CHILDREN AND FAMILIES TO THE DEPARTMENTS OF MENTAL RETARDATION AND MENTAL HEALTH AND ADDICTION SERVICES.

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

1 Section 1. (NEW) (*Effective October 1, 2007*) (a) The Commissioner of
2 Children and Families shall develop and implement an interagency
3 agreement with the Department of Mental Retardation to provide for
4 the transition of care for children and youth who are both mentally
5 retarded and in the care or custody of the commissioner. The
6 Commissioner of Children and Families shall continue to provide such
7 care for any youth eighteen years of age or older until such youth
8 reaches age twenty-one if the youth is a full-time student, or such
9 youth completes high school, whichever occurs first. Under the
10 interagency agreement, the commissioner shall (1) locate and provide
11 appropriate services to such youth, including, but not limited to,
12 support and placements, and (2) develop a transition plan in
13 consultation with the Department of Mental Retardation for such
14 youth beginning at age sixteen.

15 (b) The Commissioners of Children and Families and Mental
16 Retardation shall review jointly (1) the projected number of children
17 and youth committed to the custody of the Commissioner of Children
18 and Families who may be referred to the Department of Mental
19 Retardation between January 1, 2008, and January 1, 2013; (2) the
20 anticipated service needs of such children and youth; and (3) the
21 anticipated budget implications for said departments. On or before
22 January first each year from 2008 to 2013, inclusive, said
23 commissioners shall submit, in accordance with section 11-41 of the
24 general statutes, their findings and recommendations to the joint
25 standing committee of the General Assembly having cognizance of
26 matters relating to appropriations and the budgets of state agencies.

27 (c) The Commissioner of Children and Families shall develop and
28 implement an interagency agreement with the Department of Mental
29 Health and Addiction Services to provide for the transition of care for
30 children and youth who are under the care or custody of the
31 Department of Children and Families and eligible for services from the
32 Department of Mental Health and Addiction Services. The
33 Commissioner of Children and Families shall continue to provide such
34 care for any youth eighteen years of age or older if the youth is a full-
35 time student in high school or in an institution of higher education
36 and under the supervision of the commissioner. Under the interagency
37 agreement, the Commissioner of Children and Families shall (1) send
38 referral information for each youth who may be eligible to transfer to
39 the Department of Mental Health and Addiction Services at least one
40 year prior to the date of proposed transfer; (2) schedule a meeting with
41 the Department of Mental Health and Addiction Services not later than
42 thirty days after a youth is found eligible to transfer to the Department
43 of Mental Health and Addiction Services for the purpose of developing
44 a transition plan for the youth; (3) provide services for the youth
45 recommended in the transition plan and, if such services are provided
46 by the Department of Mental Health and Addition Services, fund such
47 services; (4) monitor the transition plan to determine if goals are being
48 achieved and assist in the resolution of any problems that occur; and

49 (5) explain to a youth, who is ineligible for services from the
50 Department of Mental Health and Addiction Services, and the youth's
51 parent or guardian, the procedure for review of the denial of eligibility
52 and the right to a fair hearing in accordance with regulations adopted
53 pursuant to subsection (u) of section 17a-451 of the general statutes, as
54 amended by this act. The commissioner shall coordinate services under
55 the interagency agreement with services provided in the interagency
56 collaboration, known as "Project Safe", pursuant to section 17a-453c of
57 the general statutes.

58 (d) The Commissioners of Children and Families and Mental Health
59 and Addiction Services shall review jointly (1) the projected number of
60 children committed to the custody of the Department of Children and
61 Families who may be referred to the Department of Mental Health and
62 Addiction Services between January 1, 2008, and January 1, 2013; (2)
63 the anticipated service needs of such children; and (3) the anticipated
64 budget implications for said departments. On or before January first
65 each year from 2008 to 2013, inclusive, said commissioners shall
66 submit, in accordance with section 11-4a of the general statutes, their
67 findings and recommendations to the joint standing committee of the
68 General Assembly having cognizance of matters relating to
69 appropriations and the budgets of state agencies.

70 (e) Any youth or the parent or guardian of such youth aggrieved by
71 any provision of a transition plan prepared under subsection (a) or
72 subsection (c) of this section shall be provided an administrative
73 hearing, pursuant to chapter 54 of the general statutes, not later than
74 thirty days after a written request directed to the Commissioner of
75 Children and Families.

76 Sec. 2. (NEW) (*Effective October 1, 2007*) (a) In addition to the written
77 plan for care, treatment and permanent placement, pursuant to section
78 17a-15 of the general statutes, the Commissioner of Children and
79 Families shall prepare a written plan for transition to adulthood for
80 each child or youth fourteen years of age or older under the
81 commissioner's supervision. Such plan shall include activities, such as

82 daily living and independent living activities, educational and social
83 activities and vocational skills activities, to ease the child's or youth's
84 transition into adulthood. In developing the plan, the commissioner
85 shall seek input from the child or youth, the parent or guardian of such
86 child or youth and the attorney and guardian ad litem of such child or
87 youth.

88 (b) The commissioner shall adopt regulations, in accordance with
89 chapter 54 of the general statutes to establish procedures for
90 developing plans for transition to adulthood as described in subsection
91 (a) of this section.

92 Sec. 3. Section 17a-451 of the general statutes is repealed and the
93 following is substituted in lieu thereof (*Effective October 1, 2007*):

94 (a) The Commissioner of Mental Health and Addiction Services
95 shall be a qualified person with a masters degree or higher in a health-
96 related field and at least ten years' experience in hospital, health,
97 mental health or substance abuse administration.

98 (b) The commissioner shall be the executive head of the Department
99 of Mental Health and Addiction Services.

100 (c) The commissioner shall prepare and issue regulations for the
101 administration and operation of the Department of Mental Health and
102 Addiction Services, and all state-operated facilities and community
103 programs providing care for persons with psychiatric disabilities or
104 persons with substance abuse disabilities, or both.

105 (d) The commissioner shall coordinate the community programs
106 receiving state funds with programs of state-operated facilities for the
107 treatment of persons with psychiatric disabilities or persons with
108 substance abuse disabilities, or both.

109 (e) (1) The commissioner shall collaborate and cooperate with other
110 state agencies providing services for mentally disordered children and
111 adults with psychiatric disabilities or persons with substance abuse

112 disabilities, or persons with both disabilities, and shall coordinate the
113 activities of the Department of Mental Health and Addiction Services
114 with the activities of said agencies. (2) The commissioner shall
115 participate in the development and implementation of an interagency
116 agreement with the Department of Children and Families pursuant to
117 subsection (c) of section 1 of this act, for the transition of care for
118 children and youth who are in the care or custody of the
119 Commissioner of Children and Families. Under the interagency
120 agreement, the commissioner shall (A) determine eligibility for each
121 youth referred by the Department of Children and Families, (B) attend
122 a meeting with the Department of Children and Families not later than
123 thirty days after a youth is found eligible to transfer in order to
124 develop a transition plan for such youth, (C) monitor the transition
125 plan to assist in the resolution of any problems that occur, and (D)
126 provide written notice to a youth, who is ineligible for services from
127 the department, and the youth's parent or guardian, explaining the
128 procedure for review of the denial of eligibility and the right to a fair
129 hearing in accordance with regulation adopted pursuant to subsection
130 (u) of this section.

131 (f) (1) The commissioner shall establish and enforce standards and
132 policies for the care and treatment of persons with psychiatric
133 disabilities or persons with substance abuse disabilities, or both, in
134 public and private facilities which are consistent with other health care
135 standards and may make any inquiry, investigation or examination of
136 records of such facilities as may be necessary for the purpose of
137 investigating the occurrence of any serious injury or unexpected death
138 involving any person who has within one year of such occurrence
139 received services for the care and treatment of such disabilities from a
140 state-operated facility or a community program receiving state funds.
141 (2) The findings of any such inquiry, investigation or examination of
142 records conducted pursuant to this subsection shall not be subject to
143 disclosure pursuant to section 1-210, nor shall such findings be subject
144 to discovery or introduction into evidence in any civil action arising
145 out of such serious injury or unexpected death. (3) Except as to the

146 finding provided in subdivision (2) of this subsection, nothing in this
147 subsection shall be construed as restricting disclosure of the
148 confidential communications or records upon which such findings are
149 based, where such disclosure is otherwise provided for by law.

150 (g) The commissioner shall establish and direct research, training,
151 and evaluation programs.

152 (h) The commissioner shall develop a state-wide plan for the
153 development of mental health services which identifies needs and
154 outlines procedures for meeting these needs.

155 (i) The commissioner shall be responsible for the coordination of all
156 activities in the state relating to substance abuse disabilities and
157 treatment, including activities of the Departments of Children and
158 Families, Correction, Public Health, Social Services and Veterans'
159 Affairs, the judicial branch and any other department or entity
160 providing services to persons with substance abuse disabilities.

161 (j) The commissioner shall be responsible for developing and
162 implementing the Connecticut comprehensive plan for prevention,
163 treatment and reduction of alcohol and drug abuse problems to be
164 known as the state substance abuse plan. The plan shall include state-
165 wide, long-term planning goals and objectives and annual revisions of
166 objectives. In the development of the substance abuse plan the
167 commissioner shall solicit and consider the recommendations of the
168 subregional planning and action councils established under section
169 17a-671.

170 (k) The commissioner shall prepare a consolidated budget request
171 for the operation of the Department of Mental Health and Addiction
172 Services.

173 (l) The commissioner shall appoint professional, technical and other
174 personnel necessary for the proper discharge of the commissioner's
175 duties, subject to the provisions of chapter 67.

176 (m) The commissioner shall from time to time adjust the geographic
177 territory to be served by the facilities and programs under the
178 commissioner's jurisdiction.

179 (n) The commissioner shall specify uniform methods of keeping
180 statistical information by public and private agencies, organizations
181 and individuals, including a client identifier system, and collect and
182 make available relevant statistical information, including the number
183 of persons treated, demographic and clinical information about such
184 persons, frequency of admission and readmission, frequency and
185 duration of treatment, level or levels of care provided and discharge
186 and referral information. The commissioner shall also require all
187 facilities that provide prevention or treatment of alcohol or drug abuse
188 or dependence that are operated or funded by the state or licensed
189 under sections 19a-490 to 19a-503, inclusive, to implement such
190 methods. The commissioner shall report any licensed facility that fails
191 to report to the licensing authority. The client identifier system shall be
192 subject to the confidentiality requirements set forth in section 17a-688
193 and regulations adopted thereunder.

194 (o) The commissioner shall establish uniform policies and
195 procedures for collecting, standardizing, managing and evaluating
196 data related to substance use, abuse and addiction programs
197 administered by state agencies, state-funded community-based
198 programs and the judicial branch, including, but not limited to: (1) The
199 use of prevention, education, treatment and criminal justice services
200 related to substance use, abuse and addiction; (2) client demographic
201 and substance use, abuse and addiction information; and (3) the
202 quality and cost effectiveness of substance use, abuse and addiction
203 services. The commissioner shall, in consultation with the Secretary of
204 the Office of Policy and Management, ensure that the judicial branch,
205 all state agencies and state-funded community-based programs with
206 substance use, abuse and addiction programs or services comply with
207 such policies and procedures. Notwithstanding any other provision of
208 the general statutes concerning confidentiality, the commissioner,

209 within available appropriations, shall establish and maintain a central
210 repository for such substance use, abuse and addiction program and
211 service data from the judicial branch, state agencies and state-funded
212 community-based programs administering substance use, abuse and
213 addiction programs and services. The central repository shall not
214 disclose any data that reveals the personal identification of any
215 individual. The Connecticut Alcohol and Drug Policy Council
216 established pursuant to section 17a-667 shall have access to the central
217 repository for aggregate analysis. The commissioner shall submit a
218 biennial report to the General Assembly, in accordance with the
219 provisions of section 11-4a, the Office of Policy and Management and
220 the Connecticut Alcohol and Drug Policy Council. The report shall
221 include, but need not be limited to, a summary of: (A) Client and
222 patient demographic information; (B) trends and risks factors
223 associated with alcohol and drug use, abuse and dependence; (C)
224 effectiveness of services based on outcome measures; and (D) a state-
225 wide cost analysis.

226 (p) The commissioner may contract for services to be provided for
227 the department or by the department for the prevention of mental
228 illness or substance abuse in persons, as well as other mental health or
229 substance abuse services described in section 17a-478 and shall consult
230 with providers of such services in developing methods of service
231 delivery.

232 (q) (1) The commissioner may make available to municipalities,
233 nonprofit community organizations or self help groups any services,
234 premises and property under the control of the Department of Mental
235 Health and Addiction Services but shall be under no obligation to
236 continue to make such property available in the event the department
237 permanently vacates a facility. Such services, premises and property
238 may be utilized by such municipalities, nonprofit community
239 organizations or self help groups in any manner not inconsistent with
240 the intended purposes for such services, premises and property. The
241 Commissioner of Mental Health and Addiction Services shall submit

242 to the Commissioner of Administrative Services any agreement for
243 provision of services by the Department of Mental Health and
244 Addiction Services to municipalities, nonprofit community
245 organizations or self help groups for approval of such agreement prior
246 to the provision of services pursuant to this subsection.

247 (2) The municipality, nonprofit community organization or self help
248 group using any premises and property of the department shall be
249 liable for any damage or injury which occurs on the premises and
250 property and shall furnish to the Commissioner of Mental Health and
251 Addiction Services proof of financial responsibility to satisfy claims for
252 damages on account of any physical injury or property damage which
253 may be suffered while the municipality, nonprofit community
254 organization or self help group is using the premises and property of
255 the department in such amount as the commissioner determines to be
256 necessary. The state of Connecticut shall not be liable for any damage
257 or injury sustained on the premises and property of the department
258 while the premises and property are being utilized by any
259 municipality, nonprofit community organization or self help group.

260 (3) The Commissioner of Mental Health and Addiction Services
261 shall adopt regulations, in accordance with chapter 54, to carry out the
262 provisions of this subsection. As used in this subsection, "self help
263 group" means a group of volunteers, approved by the commissioner,
264 who offer peer support to each other in recovering from an addiction.

265 (r) The commissioner shall prepare an annual report for the
266 Governor.

267 (s) The commissioner shall perform all other duties which are
268 necessary and proper for the operation of the department.

269 (t) The commissioner may direct clinical staff at Department of
270 Mental Health and Addiction Services facilities or in crisis intervention
271 programs funded by the department who are providing treatment to a
272 patient to request disclosure, to the extent allowed under state and

273 federal law, of the patient's record of previous treatment in order to
274 accomplish the objectives of diagnosis, treatment or referral of the
275 patient. If the clinical staff in possession of the requested record
276 determines that disclosure would assist the accomplishment of the
277 objectives of diagnosis, treatment or referral, the record may be
278 disclosed, to the extent allowed under state and federal law, to the
279 requesting clinical staff without patient consent. Records disclosed
280 shall be limited to records maintained at department facilities or crisis
281 intervention programs funded by the department. The Commissioner
282 of Mental Health and Addiction Services shall adopt regulations in
283 accordance with chapter 54 to administer the provisions of this
284 subsection and to ensure maximum safeguards of patient
285 confidentiality.

286 (u) The commissioner shall adopt regulations to establish a fair
287 hearing process which provides the right to appeal final
288 determinations of the Department of Mental Health and Addiction
289 Services or of its grantee agencies as determined by the commissioner
290 regarding: The nature of denial, involuntary reduction or termination
291 of services. Such hearings shall be conducted in accordance with the
292 provisions of chapter 54, after a person has exhausted the department's
293 established grievance procedure. Any matter which falls within the
294 jurisdiction of the Psychiatric Security Review Board under sections
295 17a-580 to 17a-603, inclusive, shall not be subject to the provisions of
296 this section. Any person receiving services from a Department of
297 Mental Health and Addiction Services facility or a grantee agency
298 determined by the commissioner to be subject to this subsection and
299 who is aggrieved by a violation of sections 17a-540 to 17a-549,
300 inclusive, may elect to either use the procedure specified in this
301 subsection or file for remedies under section 17a-550.

302 (v) The commissioner may designate a deputy commissioner to sign
303 any contract, agreement or settlement on behalf of the Department of
304 Mental Health and Addiction Services.

305 Sec. 4. Subsection (a) of section 17a-210 of the general statutes is

306 repealed and the following is substituted in lieu thereof (*Effective*
307 *October 1, 2007*):

308 (a) There shall be a Department of Mental Retardation. The
309 Department of Mental Retardation, with the advice of a Council on
310 Mental Retardation, shall be responsible for the planning,
311 development and administration of complete, comprehensive and
312 integrated state-wide services for persons with mental retardation and
313 persons medically diagnosed as having Prader-Willi syndrome. The
314 Department of Mental Retardation shall be under the supervision of a
315 Commissioner of Mental Retardation, who shall be appointed by the
316 Governor in accordance with the provisions of sections 4-5 to 4-8,
317 inclusive. The Council on Mental Retardation may advise the
318 Governor on the appointment. The commissioner shall be a person
319 who has background, training, education or experience in
320 administering programs for the care, training, education, treatment
321 and custody of persons with mental retardation. The commissioner
322 shall be responsible, with the advice of the council, for: (1) Planning
323 and developing complete, comprehensive and integrated state-wide
324 services for persons with mental retardation; (2) the implementation
325 and where appropriate the funding of such services; and (3) the
326 coordination of the efforts of the Department of Mental Retardation
327 with those of other state departments and agencies, municipal
328 governments and private agencies concerned with and providing
329 services for persons with mental retardation. The commissioner shall
330 be responsible for developing and implementing an interagency
331 agreement with the Department of Children and Families pursuant to
332 subsection (a) of section 1 of this act, for the transition of care for
333 children and youth in the custody of the Commissioner of Children
334 and Families. The commissioner shall be responsible for the
335 administration and operation of the state training school, state mental
336 retardation regions and all state-operated community-based
337 residential facilities established for the diagnosis, care and training of
338 persons with mental retardation. The commissioner shall be
339 responsible for establishing standards, providing technical assistance

340 and exercising the requisite supervision of all state-supported
 341 residential, day and program support services for persons with mental
 342 retardation and work activity programs operated pursuant to section
 343 17a-226. The commissioner shall conduct or monitor investigations
 344 into allegations of abuse and neglect and file reports as requested by
 345 state agencies having statutory responsibility for the conduct and
 346 oversight of such investigations. In the event of the death of a person
 347 with mental retardation for whom the department has direct or
 348 oversight responsibility for medical care, the commissioner shall
 349 ensure that a comprehensive and timely review of the events, overall
 350 care, quality of life issues and medical care preceding such death is
 351 conducted by the department and shall, as requested, provide
 352 information and assistance to the Independent Mortality Review Board
 353 established by Executive Order No. 25 of Governor John G. Rowland.
 354 The commissioner shall report to the board and the board shall review
 355 any death: (A) Involving an allegation of abuse or neglect; (B) for
 356 which the Office of Chief Medical Examiner or local medical examiner
 357 has accepted jurisdiction; (C) in which an autopsy was performed; (D)
 358 which was sudden and unexpected; or (E) in which the commissioner's
 359 review raises questions about the appropriateness of care. The
 360 commissioner shall stimulate research by public and private agencies,
 361 institutions of higher learning and hospitals, in the interest of the
 362 elimination and amelioration of retardation and care and training of
 363 persons with mental retardation.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2007</i>	New section
Sec. 2	<i>October 1, 2007</i>	New section
Sec. 3	<i>October 1, 2007</i>	17a-451
Sec. 4	<i>October 1, 2007</i>	17a-210(a)

KID

Joint Favorable C/R

HS