



General Assembly

Substitute Bill No. 1197

January Session, 2007

* _____SB01197HS_____032207_____*

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 under the supervision of the Commissioner of Children
6 and Families. The Commissioner of Children and Families shall
7 continue to provide such supervision for any youth eighteen years of
8 age or older until such youth reaches age twenty-one if the youth is a
9 full-time student, or such youth completes high school, whichever
10 occurs first. Under the interagency agreement, the commissioner shall
11 (1) locate and provide appropriate services to such youth, including,
12 but not limited to, support and placements, and (2) develop a
13 transition plan in consultation with the Department of Mental
14 Retardation for such 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 under the supervision of the Commissioner of Children and
18 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 11-4a 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 supervision of the
31 Commissioner of Children and Families and who may be eligible for
32 services from the Department of Mental Health and Addiction
33 Services. The Commissioner of Children and Families shall continue to
34 provide such supervision for any youth eighteen years of age or older
35 if the youth is a full-time student in high school or in an institution of
36 higher education. Under the interagency agreement, the Commissioner
37 of Children and Families shall (1) send referral information for each
38 youth who may be eligible to transfer to the Department of Mental
39 Health and Addiction Services at least two years prior to the date of
40 proposed transfer; (2) hold a meeting with the Department of Mental
41 Health and Addiction Services not later than forty-five days after a
42 youth is found eligible to transfer to the Department of Mental Health
43 and Addiction Services for the purpose of developing a transition plan
44 for the youth; (3) provide services for the youth recommended in the
45 transition plan and, if such services are provided by the Department of
46 Mental Health and Addition Services, fund such services; (4) monitor
47 the transition plan to determine if goals are being achieved and assist
48 in the resolution of any problems that occur; and (5) explain to a youth,
49 who is ineligible for services from the Department of Mental Health
50 and Addiction Services, and the youth's parent or guardian, the
51 procedure for review of the denial of eligibility and the right to a fair
52 hearing in accordance with regulations adopted pursuant to subsection

53 (u) of section 17a-451 of the general statutes, as amended by this act.

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

66 (e) Any youth or the parent or guardian of such youth aggrieved by
67 the failure of the Department of Children and Families to (1) develop
68 an appropriate transition plan in accordance with subsection (a) or
69 subsection (c) of this section, or (2) implement such transition plan
70 shall be provided an administrative hearing, pursuant to chapter 54 of
71 the general statutes, not later than thirty days after a written request
72 directed to the Commissioner of Children and Families.

73 Sec. 2. (NEW) (*Effective October 1, 2007*) (a) In addition to the written
74 plan for care, treatment and permanent placement, pursuant to section
75 17a-15 of the general statutes, the Commissioner of Children and
76 Families shall, not later than December 1, 2007, prepare a written plan
77 for transition to adulthood for each child or youth fourteen years of
78 age or older under the commissioner's supervision. Such plan shall
79 address development of independent living, educational, social and
80 vocational skills, as well as skills necessary to conduct activities of
81 daily living, to prepare the child or youth for the transition into
82 adulthood. In developing the plan, the commissioner shall seek input
83 from the child or youth, the parent or guardian of such child or youth
84 and the attorney and guardian ad litem of such child or youth.

85 (b) For each child or youth placed under the supervision of the
86 Commissioner of Children and Families after October 1, 2007, the
87 commissioner shall prepare a written plan for transition to adulthood
88 as prescribed in subsection (a) of this section as follows: (1) For a child
89 who, at the time of his or her fourteenth birthday, is under the
90 supervision of the commissioner, not later than thirty days after the
91 date of such child's fourteenth birthday; and (2) for a child or youth
92 who is placed under the supervision of the commissioner after his or
93 her fourteenth birthday, not later than thirty days after the date that
94 such child is placed under the supervision of the department.

95 (c) The commissioner shall adopt regulations, in accordance with
96 chapter 54 of the general statutes, to establish procedures for
97 developing plans for transition to adulthood as described in
98 subsections (a) and (b) of this section.

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

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

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

107 (c) The commissioner shall prepare and issue regulations for the
108 administration and operation of the Department of Mental Health and
109 Addiction Services, and all state-operated facilities and community
110 programs providing care for persons with psychiatric disabilities or
111 persons with substance abuse disabilities, or both.

112 (d) The commissioner shall coordinate the community programs
113 receiving state funds with programs of state-operated facilities for the
114 treatment of persons with psychiatric disabilities or persons with
115 substance abuse disabilities, or both.

116 (e) (1) The commissioner shall collaborate and cooperate with other
117 state agencies providing services for mentally disordered children and
118 adults with psychiatric disabilities or persons with substance abuse
119 disabilities, or persons with both disabilities, and shall coordinate the
120 activities of the Department of Mental Health and Addiction Services
121 with the activities of said agencies. (2) The commissioner shall
122 participate in the development and implementation of an interagency
123 agreement with the Department of Children and Families pursuant to
124 subsection (c) of section 1 of this act, for the transition of care for
125 children and youth who are under the supervision of the
126 Commissioner of Children and Families. Under the interagency
127 agreement, the commissioner shall (A) determine eligibility for each
128 youth referred by the Department of Children and Families not later
129 than forty-five days after the date of referral and provide written
130 notice of such eligibility finding to each youth and the youth's parent
131 or guardian, (B) attend a meeting with the Department of Children and
132 Families not later than forty-five days after a youth is found eligible to
133 transfer in order to develop a transition plan for such youth, (C)
134 monitor implementation of the transition plan and assist in the
135 resolution of any problems that occur, and (D) provide written notice
136 to a youth, who is determined ineligible for services from the
137 department following a referral from the Department of Children and
138 Families, and to the youth's parent or guardian, with an explanation of
139 the procedure for review of the denial of eligibility and the right to a
140 fair hearing in accordance with regulation adopted pursuant to
141 subsection (u) of this section.

142 (f) (1) The commissioner shall establish and enforce standards and
143 policies for the care and treatment of persons with psychiatric
144 disabilities or persons with substance abuse disabilities, or both, in
145 public and private facilities which are consistent with other health care
146 standards and may make any inquiry, investigation or examination of
147 records of such facilities as may be necessary for the purpose of
148 investigating the occurrence of any serious injury or unexpected death
149 involving any person who has within one year of such occurrence

150 received services for the care and treatment of such disabilities from a
151 state-operated facility or a community program receiving state funds.
152 (2) The findings of any such inquiry, investigation or examination of
153 records conducted pursuant to this subsection shall not be subject to
154 disclosure pursuant to section 1-210, nor shall such findings be subject
155 to discovery or introduction into evidence in any civil action arising
156 out of such serious injury or unexpected death. (3) Except as to the
157 finding provided in subdivision (2) of this subsection, nothing in this
158 subsection shall be construed as restricting disclosure of the
159 confidential communications or records upon which such findings are
160 based, where such disclosure is otherwise provided for by law.

161 (g) The commissioner shall establish and direct research, training,
162 and evaluation programs.

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

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

172 (j) The commissioner shall be responsible for developing and
173 implementing the Connecticut comprehensive plan for prevention,
174 treatment and reduction of alcohol and drug abuse problems to be
175 known as the state substance abuse plan. The plan shall include state-
176 wide, long-term planning goals and objectives and annual revisions of
177 objectives. In the development of the substance abuse plan the
178 commissioner shall solicit and consider the recommendations of the
179 subregional planning and action councils established under section
180 17a-671.

181 (k) The commissioner shall prepare a consolidated budget request

182 for the operation of the Department of Mental Health and Addiction
183 Services.

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

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

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

205 (o) The commissioner shall establish uniform policies and
206 procedures for collecting, standardizing, managing and evaluating
207 data related to substance use, abuse and addiction programs
208 administered by state agencies, state-funded community-based
209 programs and the judicial branch, including, but not limited to: (1) The
210 use of prevention, education, treatment and criminal justice services
211 related to substance use, abuse and addiction; (2) client demographic
212 and substance use, abuse and addiction information; and (3) the
213 quality and cost effectiveness of substance use, abuse and addiction

214 services. The commissioner shall, in consultation with the Secretary of
215 the Office of Policy and Management, ensure that the judicial branch,
216 all state agencies and state-funded community-based programs with
217 substance use, abuse and addiction programs or services comply with
218 such policies and procedures. Notwithstanding any other provision of
219 the general statutes concerning confidentiality, the commissioner,
220 within available appropriations, shall establish and maintain a central
221 repository for such substance use, abuse and addiction program and
222 service data from the judicial branch, state agencies and state-funded
223 community-based programs administering substance use, abuse and
224 addiction programs and services. The central repository shall not
225 disclose any data that reveals the personal identification of any
226 individual. The Connecticut Alcohol and Drug Policy Council
227 established pursuant to section 17a-667 shall have access to the central
228 repository for aggregate analysis. The commissioner shall submit a
229 biennial report to the General Assembly, in accordance with the
230 provisions of section 11-4a, the Office of Policy and Management and
231 the Connecticut Alcohol and Drug Policy Council. The report shall
232 include, but need not be limited to, a summary of: (A) Client and
233 patient demographic information; (B) trends and risks factors
234 associated with alcohol and drug use, abuse and dependence; (C)
235 effectiveness of services based on outcome measures; and (D) a state-
236 wide cost analysis.

237 (p) The commissioner may contract for services to be provided for
238 the department or by the department for the prevention of mental
239 illness or substance abuse in persons, as well as other mental health or
240 substance abuse services described in section 17a-478 and shall consult
241 with providers of such services in developing methods of service
242 delivery.

243 (q) (1) The commissioner may make available to municipalities,
244 nonprofit community organizations or self help groups any services,
245 premises and property under the control of the Department of Mental
246 Health and Addiction Services but shall be under no obligation to
247 continue to make such property available in the event the department

248 permanently vacates a facility. Such services, premises and property
249 may be utilized by such municipalities, nonprofit community
250 organizations or self help groups in any manner not inconsistent with
251 the intended purposes for such services, premises and property. The
252 Commissioner of Mental Health and Addiction Services shall submit
253 to the Commissioner of Administrative Services any agreement for
254 provision of services by the Department of Mental Health and
255 Addiction Services to municipalities, nonprofit community
256 organizations or self help groups for approval of such agreement prior
257 to the provision of services pursuant to this subsection.

258 (2) The municipality, nonprofit community organization or self help
259 group using any premises and property of the department shall be
260 liable for any damage or injury which occurs on the premises and
261 property and shall furnish to the Commissioner of Mental Health and
262 Addiction Services proof of financial responsibility to satisfy claims for
263 damages on account of any physical injury or property damage which
264 may be suffered while the municipality, nonprofit community
265 organization or self help group is using the premises and property of
266 the department in such amount as the commissioner determines to be
267 necessary. The state of Connecticut shall not be liable for any damage
268 or injury sustained on the premises and property of the department
269 while the premises and property are being utilized by any
270 municipality, nonprofit community organization or self help group.

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

276 (r) The commissioner shall prepare an annual report for the
277 Governor.

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

280 (t) The commissioner may direct clinical staff at Department of
281 Mental Health and Addiction Services facilities or in crisis intervention
282 programs funded by the department who are providing treatment to a
283 patient to request disclosure, to the extent allowed under state and
284 federal law, of the patient's record of previous treatment in order to
285 accomplish the objectives of diagnosis, treatment or referral of the
286 patient. If the clinical staff in possession of the requested record
287 determines that disclosure would assist the accomplishment of the
288 objectives of diagnosis, treatment or referral, the record may be
289 disclosed, to the extent allowed under state and federal law, to the
290 requesting clinical staff without patient consent. Records disclosed
291 shall be limited to records maintained at department facilities or crisis
292 intervention programs funded by the department. The Commissioner
293 of Mental Health and Addiction Services shall adopt regulations in
294 accordance with chapter 54 to administer the provisions of this
295 subsection and to ensure maximum safeguards of patient
296 confidentiality.

297 (u) The commissioner shall adopt regulations to establish a fair
298 hearing process which provides the right to appeal final
299 determinations of the Department of Mental Health and Addiction
300 Services or of its grantee agencies as determined by the commissioner
301 regarding: The nature of denial, involuntary reduction or termination
302 of services. Such hearings shall be conducted in accordance with the
303 provisions of chapter 54, after a person has exhausted the department's
304 established grievance procedure. Any matter which falls within the
305 jurisdiction of the Psychiatric Security Review Board under sections
306 17a-580 to 17a-603, inclusive, shall not be subject to the provisions of
307 this section. Any person receiving services from a Department of
308 Mental Health and Addiction Services facility or a grantee agency
309 determined by the commissioner to be subject to this subsection and
310 who is aggrieved by a violation of sections 17a-540 to 17a-549,
311 inclusive, may elect to either use the procedure specified in this
312 subsection or file for remedies under section 17a-550.

313 (v) The commissioner may designate a deputy commissioner to sign

314 any contract, agreement or settlement on behalf of the Department of
315 Mental Health and Addiction Services.

316 Sec. 4. Subsection (a) of section 17a-210 of the general statutes is
317 repealed and the following is substituted in lieu thereof (*Effective*
318 *October 1, 2007*):

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

348 residential facilities established for the diagnosis, care and training of
 349 persons with mental retardation. The commissioner shall be
 350 responsible for establishing standards, providing technical assistance
 351 and exercising the requisite supervision of all state-supported
 352 residential, day and program support services for persons with mental
 353 retardation and work activity programs operated pursuant to section
 354 17a-226. The commissioner shall conduct or monitor investigations
 355 into allegations of abuse and neglect and file reports as requested by
 356 state agencies having statutory responsibility for the conduct and
 357 oversight of such investigations. In the event of the death of a person
 358 with mental retardation for whom the department has direct or
 359 oversight responsibility for medical care, the commissioner shall
 360 ensure that a comprehensive and timely review of the events, overall
 361 care, quality of life issues and medical care preceding such death is
 362 conducted by the department and shall, as requested, provide
 363 information and assistance to the Independent Mortality Review Board
 364 established by Executive Order No. 25 of Governor John G. Rowland.
 365 The commissioner shall report to the board and the board shall review
 366 any death: (A) Involving an allegation of abuse or neglect; (B) for
 367 which the Office of Chief Medical Examiner or local medical examiner
 368 has accepted jurisdiction; (C) in which an autopsy was performed; (D)
 369 which was sudden and unexpected; or (E) in which the commissioner's
 370 review raises questions about the appropriateness of care. The
 371 commissioner shall stimulate research by public and private agencies,
 372 institutions of higher learning and hospitals, in the interest of the
 373 elimination and amelioration of retardation and care and training of
 374 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)

<i>KID</i>	<i>Joint Favorable C/R</i>	HS
<i>HS</i>	<i>Joint Favorable Subst.</i>	