



# Senate

General Assembly

**File No. 290**

January Session, 2009

Substitute Senate Bill No. 877

*Senate, March 30, 2009*

The Committee on Human Services reported through SEN. DOYLE of the 9th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

***AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING THE DEPARTMENT OF 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 Section 17a-3 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective July 1, 2009*):

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 youths 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 youths who are mentally ill,  
9 emotionally disturbed, substance abusers, delinquent, abused,  
10 neglected or uncared for, including all children and youths who are or  
11 may be committed to it by any court, and all children and youths  
12 voluntarily admitted to, or remaining voluntarily under the  
13 supervision of, the commissioner for services of any kind. Services

14 shall not be denied to any such child or youth solely because of other  
15 complicating or multiple disabilities. The department shall work in  
16 cooperation with other child-serving agencies and organizations to  
17 provide or arrange for preventive programs, including, but not limited  
18 to, teenage pregnancy and youth suicide prevention, for children and  
19 youths and their families. The program shall provide services and  
20 placements that are clinically indicated and appropriate to the needs of  
21 the child or youth. In furtherance of this purpose, the department  
22 shall: (1) Maintain the Connecticut Juvenile Training School and other  
23 appropriate facilities exclusively for delinquents; (2) develop a  
24 comprehensive program for prevention of problems of children and  
25 youths and provide a flexible, innovative and effective program for the  
26 placement, care and treatment of children and youths committed by  
27 any court to the department, transferred to the department by other  
28 departments, or voluntarily admitted to the department; (3) provide  
29 appropriate services to families of children and youths as needed to  
30 achieve the purposes of sections 17a-1 to 17a-26, inclusive, as amended  
31 by this act, 17a-28 to 17a-49, inclusive, and 17a-51; (4) establish  
32 incentive paid work programs for children and youths under the care  
33 of the department and the rates to be paid such children and youths  
34 for work done in such programs and may provide allowances to  
35 children and youths in the custody of the department; (5) be  
36 responsible to collect, interpret and publish statistics relating to  
37 children and youths 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, youths, 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 youths; (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 youths 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 (b) (1) The department shall develop and regularly update a single,  
79 comprehensive strategic plan for meeting the needs of children and  
80 families served by the department. In developing and updating the  
81 strategic plan, including setting goals, the department shall consult  
82 with representatives of the children and families served by the

83 department, providers of services to children and families, advocates  
84 and others interested in the well-being of children and families in this  
85 state. The strategic plan shall include, but not be limited to: (A) The  
86 department's mission statement; (B) the goals of the department, each  
87 of its mandated areas and each of its programs and services; (C) a  
88 schedule of steps and a time frame for achieving such goals and  
89 fulfilling its mission; (D) priorities for services and estimates of the  
90 funding and other resources necessary to carry them out; (E) standards  
91 for programs and services; and (F) relevant measures of progress.

92 (2) The department shall begin the strategic planning process on  
93 July 1, 2009. The department shall submit the strategic plan to the State  
94 Advisory Council on Children and Families for review and comment  
95 prior to its final submission to the General Assembly and the  
96 Governor. On or before July 1, 2010, the department shall submit the  
97 strategic plan, in accordance with the provisions of section 11-4a, to the  
98 General Assembly and the Governor.

99 (3) The commissioner shall track and report on progress in  
100 achieving the strategic plan's goals not later than October 1, 2010, and  
101 quarterly thereafter, to the State Advisory Council on Children and  
102 Families. The commissioner shall submit a status report on carrying  
103 out the strategic plan, in accordance with the provisions of section 11-  
104 4a, not later than July 1, 2011, and annually thereafter to the General  
105 Assembly and the Governor.

106 (c) The department shall prepare a plan to keep children who are  
107 convicted as delinquent and will be committed to the Department of  
108 Children and Families and placed in the Connecticut Juvenile Training  
109 School in such facility for at least one year after their referral to the  
110 department, which plan shall include provisions for development of a  
111 comprehensive approach to juvenile rehabilitation.

112 Sec. 2. Subsection (b) of section 17a-6 of the general statutes is  
113 repealed and the following is substituted in lieu thereof (*Effective July*  
114 *1, 2009*):

115 (b) Administer in a coordinated and integrated manner all  
116 institutions and facilities which are or may come under the jurisdiction  
117 of the department and [may] shall appoint advisory groups for any  
118 such institution or facility.

119 Sec. 3. (NEW) (*Effective July 1, 2009*) (a) The facilities that come  
120 under the jurisdiction of the Department of Children and Families, as  
121 enumerated in section 17a-32 of the general statutes, shall submit an  
122 annual report to their respective advisory groups, established pursuant  
123 to subsection (b) of section 17a-6 of the general statutes, as amended by  
124 this act. The report shall include, but not be limited to: (1) Aggregate  
125 profiles of the residents; (2) a description of and update on major  
126 initiatives; (3) key outcome indicators and results; (4) costs associated  
127 with operating the facility; and (5) a description of educational,  
128 vocational and literacy programs, and behavioral, treatment and other  
129 services available to the residents and their outcomes. Each report  
130 submitted pursuant to this subsection shall be posted on the  
131 department's web site.

132 (b) Such advisory groups shall respond to their facilities' annual  
133 report, as required by subsection (a) of this section, and provide any  
134 recommendations for improvement or enhancement that they deem  
135 necessary.

136 (c) The Department of Children and Families shall serve as  
137 administrative staff of such advisory groups.

138 Sec. 4. Section 46a-13l of the general statutes is repealed and the  
139 following is substituted in lieu thereof (*Effective July 1, 2009*):

140 (a) The Child Advocate shall:

141 (1) Evaluate the delivery of services to children by state agencies  
142 and those entities that provide services to children through funds  
143 provided by the state;

144 (2) Review periodically the procedures established by any state  
145 agency providing services to children to carry out the provisions of

146 sections 46a-13k to 46a-13q, inclusive, with a view toward the rights of  
147 the children and recommend revisions to such procedures;

148 (3) Review complaints of persons concerning the actions of any state  
149 or municipal agency providing services to children and of any entity  
150 that provides services to children through funds provided by the state,  
151 make appropriate referrals and investigate those where the Child  
152 Advocate determines that a child or family may be in need of  
153 assistance from the Child Advocate or that a systemic issue in the  
154 state's provision of services to children is raised by the complaint;

155 (4) Pursuant to an investigation, provide assistance to a child or  
156 family who the Child Advocate determines is in need of such  
157 assistance including, but not limited to, advocating with an agency,  
158 provider or others on behalf of the best interests of the child;

159 (5) Periodically review the facilities and procedures of any and all  
160 institutions or residences, public or private, where a juvenile has been  
161 placed by any agency or department;

162 (6) Recommend changes in state policies concerning children  
163 including changes in the system of providing juvenile justice, child  
164 care, foster care and treatment;

165 (7) Take all possible action including, but not limited to, conducting  
166 programs of public education, undertaking legislative advocacy and  
167 making proposals for systemic reform and formal legal action, in order  
168 to secure and ensure the legal, civil and special rights of children who  
169 reside in this state;

170 (8) Provide training and technical assistance to attorneys  
171 representing children and guardians ad litem appointed by the  
172 Superior Court;

173 (9) Periodically review the number of special needs children in any  
174 foster care or permanent care facility and recommend changes in the  
175 policies and procedures for the placement of such children;

176 (10) Serve or designate a person to serve as a member of the child  
177 fatality review panel established in subsection (b) of this section; and

178 (11) Take appropriate steps to advise the public of the services of the  
179 Office of the Child Advocate, the purpose of the office and procedures  
180 to contact the office.

181 (b) There is established a child fatality review panel composed of  
182 thirteen permanent members as follows: The Child Advocate, or a  
183 designee; the Commissioners of Children and Families, Public Health  
184 and Public Safety, or their designees; the Chief Medical Examiner, or a  
185 designee; the Chief State's Attorney, or a designee; a pediatrician,  
186 appointed by the Governor; a representative of law enforcement,  
187 appointed by the president pro tempore of the Senate; an attorney,  
188 appointed by the majority leader of the Senate; a social work  
189 professional, appointed by the minority leader of the Senate; a  
190 representative of a community service group appointed by the speaker  
191 of the House of Representatives; a psychologist, appointed by the  
192 majority leader of the House of Representatives; and an injury  
193 prevention representative, appointed by the minority leader of the  
194 House of Representatives. A majority of the panel may select not more  
195 than three additional temporary members with particular expertise or  
196 interest to serve on the panel. Such temporary members shall have the  
197 same duties and powers as the permanent members of the panel. The  
198 chairperson shall be elected from among the panel's permanent  
199 members. The panel shall, to the greatest extent possible, reflect the  
200 ethnic, cultural and geographic diversity of the state.

201 (c) The panel shall review the circumstances of the death of a child  
202 placed in out-of-home care or whose death was due to unexpected or  
203 unexplained causes to facilitate development of prevention strategies  
204 to address identified trends and patterns of risk and to improve  
205 coordination of services for children and families in the state. Members  
206 of the panel shall not be compensated for their services, but may be  
207 reimbursed for necessary expenses incurred in the performance of  
208 their duties.

209 (d) On or before January 1, 2000, and annually thereafter, the panel  
210 shall issue an annual report which shall include its findings and  
211 recommendations to the Governor and the General Assembly on its  
212 review of child fatalities for the preceding year.

213 (e) Upon request of two-thirds of the members of the panel and  
214 within available appropriations, the Governor, the General Assembly  
215 or at the Child Advocate's discretion, the Child Advocate shall conduct  
216 an in-depth investigation and review and issue a report with  
217 recommendations on the death or critical incident of a child. The  
218 report shall be submitted to the Governor, the General Assembly and  
219 the commissioner of any state agency cited in the report and shall be  
220 made available to the general public.

221 (f) Any state agency cited in a report issued by the Office of the  
222 Child Advocate, pursuant to the Child Advocate's responsibilities  
223 under this section, shall submit a written response to the report and  
224 recommendations made in the report to the Office of the Child  
225 Advocate and, in the case of a report pursuant to subsection (e) of this  
226 section, to the fatality review panel not later than sixty days after  
227 receipt of such report and recommendations. The agency shall also  
228 submit a copy of such response to the Governor and the General  
229 Assembly. The response shall include, but not be limited to: (A)  
230 Proposed corrective actions to address identified problems; and (B) a  
231 time frame for implementation of improvements.

232 [(f)] (g) The Chief Medical Examiner shall provide timely notice to  
233 the Child Advocate and to the chairperson of the child fatality review  
234 panel of the death of any child that is to be investigated pursuant to  
235 section 19a-406.

236 [(g)] (h) Any agency having responsibility for the custody or care of  
237 children shall provide timely notice to the Child Advocate and the  
238 chairperson of the child fatality review panel of the death of a child or  
239 a critical incident involving a child in its custody or care.

240 Sec. 5. Section 17a-4 of the general statutes is repealed and the

241 following is substituted in lieu thereof (*Effective July 1, 2009*):

242 (a) There shall be a State Advisory Council on Children and  
243 Families which shall consist of seventeen members appointed by the  
244 Governor, including at least five persons who are child care  
245 professionals, one child psychiatrist licensed to practice medicine in  
246 this state and at least one attorney. The balance of the advisory council  
247 shall be representative of young persons, parents and others interested  
248 in the delivery of services to children and youths. No less than fifty per  
249 cent of the council's members shall be parents or family members of  
250 children who have received, or are receiving, behavioral health  
251 services, child welfare services or juvenile services and no more than  
252 half the members of the council shall be persons who receive income  
253 from a private practice or any public or private agency that delivers  
254 mental health, substance abuse, child abuse prevention and treatment,  
255 child welfare services or juvenile services. Members of the council shall  
256 serve without compensation, except for necessary expenses incurred in  
257 the performance of their duties. The department shall provide the  
258 council with funding to facilitate the participation of those members  
259 representing families, as well as for other administrative support  
260 services. Members shall serve on the council for terms of two years  
261 each and no member shall serve for more than two consecutive terms.  
262 The commissioner shall be an ex-officio member of the council without  
263 vote and shall attend its meetings. Any member who fails to attend  
264 three consecutive meetings or fifty per cent of all meetings during any  
265 calendar year shall be deemed to have resigned. The council shall elect  
266 a chairperson and vice-chairperson to act in the chairperson's absence.

267 (b) The council shall meet quarterly, and more often upon the call of  
268 the chair or a majority of the members. The council's meetings shall be  
269 held at locations that facilitate participation by members of the public,  
270 and its agenda and minutes shall be posted on the department's web  
271 site. A majority of the members in office, but not less than six  
272 members, shall constitute a quorum. The council shall have complete  
273 access to all records of the institutions and facilities of the department  
274 in furtherance of its duties, while at all times protecting the right of

275 privacy of all individuals involved, as provided in section 17a-28.

276 (c) The duties of the council shall be to: (1) Recommend to the  
277 commissioner programs, legislation or other matters which will  
278 improve services for children and youths, including behavioral health  
279 services; (2) annually review and advise the commissioner regarding  
280 the proposed budget; (3) interpret to the community at large the  
281 policies, duties and programs of the department; [and] (4) issue any  
282 reports it deems necessary to the Governor and the Commissioner of  
283 Children and Families; (5) establish a committee, to be appointed by  
284 the chairperson of the council and shall consist of individuals who are  
285 knowledgeable about issues relative to children and youth in need of  
286 behavioral health services and family supports, including, but not  
287 limited to, parents and guardians of children with behavioral health  
288 needs, to fulfill the state's mental health planning and advisory council  
289 responsibilities under Public Laws 99-660, 101-639 and 102-321; (6)  
290 review and comment on the strategic plan developed by the  
291 department pursuant to subsection (b) of section 17a-3, as amended by  
292 this act; (7) receive on a quarterly basis from the commissioner a status  
293 report on the department's progress in carrying out the strategic plan;  
294 (8) independently monitor the department's progress in achieving its  
295 goals as expressed in the strategic plan; and (9) offer assistance and  
296 provide an outside perspective to the department so that it may be able  
297 to achieve the goals expressed in the strategic plan.

298 Sec. 6. Section 17a-1 of the general statutes is repealed and the  
299 following is substituted in lieu thereof (*Effective July 1, 2009*):

300 As used in sections 17a-1 to 17a-26, inclusive, as amended by this  
301 act, 17a-28 to 17a-49, inclusive, 17a-127 and 46b-120, unless otherwise  
302 provided in said sections:

303 (1) "Commissioner" means the Commissioner of Children and  
304 Families;

305 (2) "Council" means the State Advisory Council on Children and  
306 Families;

307 [(3) "Advisory committee" means the Children's Behavioral Health  
308 Advisory Committee to the council;]

309 [(4)] (3) "Department" means the Department of Children and  
310 Families;

311 [(5)] (4) "Child" means any person under sixteen years of age;

312 [(6)] (5) "Youth" means any person at least sixteen years of age and  
313 under nineteen years of age;

314 [(7)] (6) "Delinquent child" shall have the meaning ascribed thereto  
315 in section 46b-120;

316 [(8)] (7) "Child or youth with behavioral health needs" means a child  
317 or youth who is suffering from one or more mental disorders as  
318 defined in the most recent edition of the American Psychiatric  
319 Association's "Diagnostic and Statistical Manual of Mental Disorders";

320 [(9)] (8) "Individual service plan" means a written plan to access  
321 specialized, coordinated and integrated care for a child or youth with  
322 complex behavioral health service needs that is designed to meet the  
323 needs of the child or youth and his or her family and may include,  
324 when appropriate (A) an assessment of the individual needs of the  
325 child or youth, (B) an identification of service needs, (C) an  
326 identification of services that are currently being provided, (D) an  
327 identification of opportunities for full participation by parents or  
328 emancipated minors, (E) a reintegration plan when an out-of-home  
329 placement is made or recommended, (F) an identification of criteria for  
330 evaluating the effectiveness and appropriateness of such plan, and (G)  
331 coordination of the individual service plan with any educational  
332 services provided to the child or youth. The plan shall be subject to  
333 review at least every six months or upon reasonable request by the  
334 parent based on a changed circumstance, and be approved, in writing,  
335 by the parents, guardian of a child or youth and emancipated minors;

336 [(10)] (9) "Family" means a child or youth with behavioral health  
337 needs and (A) one or more biological or adoptive parents, except for a

338 parent whose parental rights have been terminated, (B) one or more  
339 persons to whom legal custody or guardianship has been given, or (C)  
340 one or more adults who have a primary responsibility for providing  
341 continuous care to such child or youth;

342 [(11)] (10) "Parent" means a biological or adoptive parent, except a  
343 parent whose parental rights have been terminated;

344 [(12)] (11) "Guardian" means a person who has a judicially created  
345 relationship between a child or youth and such person that is intended  
346 to be permanent and self-sustaining as evidenced by the transfer to  
347 such person of the following parental rights with respect to the child or  
348 youth: (A) The obligation of care and control; (B) the authority to make  
349 major decisions affecting the child's or youth's welfare, including, but  
350 not limited to, consent determinations regarding marriage, enlistment  
351 in the armed forces and major medical, psychiatric or surgical  
352 treatment; (C) the obligation of protection of the child or youth; (D) the  
353 obligation to provide access to education; and (E) custody of the child  
354 or youth;

355 [(13)] (12) "Serious emotional disturbance" and "seriously  
356 emotionally disturbed" means, with regard to a child or youth, that the  
357 child or youth (A) has a range of diagnosable mental, behavioral or  
358 emotional disorders of sufficient duration to meet diagnostic criteria  
359 specified in the most recent edition of the American Psychiatric  
360 Association's "Diagnostic and Statistical Manual of Mental Disorders",  
361 and (B) exhibits behaviors that substantially interfere with or limit the  
362 child's or youth's ability to function in the family, school or community  
363 and are not a temporary response to a stressful situation;

364 [(14)] (13) "Child or youth with complex behavioral health service  
365 needs" means a child or youth with behavioral health needs who needs  
366 specialized, coordinated behavioral health services;

367 [(15)] (14) "Transition services" means services in the areas of  
368 education, employment, housing and community living designed to  
369 assist a youth with a serious emotional disturbance who is

370 transitioning into adulthood; and

371 [(16)] (15) "Community collaborative" means a local consortium of  
372 public and private health care providers, parents and guardians of  
373 children with behavioral health needs and service and education  
374 agencies that have organized to develop coordinated comprehensive  
375 community resources for children or youths with complex behavioral  
376 health service needs and their families in accordance with principles  
377 and goals of Connecticut Community KidCare.

378 Sec. 7. Subsection (a) of section 17a-22b of the general statutes is  
379 repealed and the following is substituted in lieu thereof (*Effective July*  
380 *1, 2009*):

381 (a) Each community collaborative shall, within available  
382 appropriations, (1) complete a local needs assessment which shall  
383 include objectives and performance measures, (2) specify the number  
384 of children and youths requiring behavioral health services, and (3)  
385 specify the number of children and youths actually receiving  
386 community-based and residential services and the type and frequency  
387 of such services. [, and (4) complete an annual self-evaluation process  
388 and a review of discharge summaries.] Each community collaborative  
389 shall submit its local needs assessment to the Commissioner of  
390 Children and Families and the Commissioner of Social Services.

391 Sec. 8. Section 17a-145 of the general statutes is repealed and the  
392 following is substituted in lieu thereof (*Effective July 1, 2009*):

393 No person or entity shall care for or board a child without a license  
394 obtained from the Commissioner of Children and Families, except: (1)  
395 When a child has been placed by a person or entity holding a license  
396 from the commissioner; (2) any residential educational institution  
397 exempted by the state Board of Education under the provisions of  
398 section 17a-152; (3) residential facilities licensed by the Department of  
399 Developmental Services pursuant to section 17a-227; (4) facilities  
400 providing child day care services, as defined in section 19a-77; or (5)  
401 any home that houses students participating in a program described in

402 subparagraph (B) of subdivision (8) of section 10a-29. The person or  
403 entity seeking a child-care facility license shall file with the  
404 commissioner an application for a license, in such form as the  
405 commissioner furnishes, stating the location where it is proposed to  
406 care for such child, the number of children to be cared for, in the case  
407 of a corporation, the purpose of the corporation and the names of its  
408 chief officers and of the actual person responsible for the child. The  
409 Commissioner of Children and Families is authorized to fix the  
410 maximum number of children to be boarded and cared for in any such  
411 home or institution or by any person or entity licensed by the  
412 commissioner. [Each person or entity holding a license under the  
413 provisions of this section shall file annually, with the commissioner, a  
414 report stating the number of children received and removed during  
415 the year, the number of deaths and the causes of death, the average  
416 cost of support per capita and such other data as the commissioner  
417 may prescribe.] If the population served at any facility, institution or  
418 home operated by any person or entity licensed under this section  
419 changes after such license is issued, such person or entity shall file a  
420 new license application with the commissioner, and the commissioner  
421 shall notify the chief executive officer of the municipality in which the  
422 facility is located of such new license application, except that no  
423 confidential client information may be disclosed.

424 Sec. 9. Section 17a-37 of the general statutes is repealed and the  
425 following is substituted in lieu thereof (*Effective July 1, 2009*):

426 (a) The Commissioner of Children and Families shall establish a  
427 school district within the Department of Children and Families, for the  
428 education or assistance of any child or youth who resides in or receives  
429 day treatment at any state-operated institution or facility within that  
430 department and whose needs require that his education be provided  
431 within the institution in which he resides or at which he receives day  
432 treatment. The school district shall be known as State of Connecticut-  
433 Unified School District #2. The Commissioner of Children and  
434 Families shall administer, coordinate and control the operations of the  
435 school district and shall be responsible for the overall supervision and

436 direction of all courses and activities of the school district and shall  
437 establish such vocational and academic education, research and  
438 statistics, training and development services and programs as he  
439 considers necessary or advisable in the best interests of the persons  
440 benefiting therefrom. The commissioner or his designee shall be the  
441 superintendent of said district and shall act in accordance with the  
442 applicable provisions of section 10-157.

443 (b) The superintendent of the school district shall have the power to  
444 (1) establish and maintain within the Department of Children and  
445 Families such schools of different grades as he may from time to time  
446 require and deem necessary; (2) establish and maintain within the  
447 department such school libraries as may from time to time be required  
448 in connection with the educational courses, services and programs  
449 authorized by this section; (3) purchase, receive, hold and convey  
450 personal property for school purposes and equip and supply such  
451 schools with necessary furniture and other appendages; (4) make  
452 agreements and regulations for the establishing and conducting of the  
453 district's schools and employ and dismiss, in accordance with the  
454 applicable provisions of section 10-151, such teachers as are necessary  
455 to carry out the intent of this section and to pay their salaries; (5)  
456 receive any federal funds or aid made available to the state for such  
457 programs and shall be eligible for and may receive any other funds or  
458 aid whether private, state or otherwise, to be used for the purposes of  
459 this section.

460 (c) The superintendent of the school district may cooperate with the  
461 federal government in carrying out the purposes of any federal law  
462 pertaining to the education of students within his school district, and  
463 may adopt such methods of administration as are found by the federal  
464 government to be necessary, and may comply with such conditions as  
465 may be necessary to secure the full benefit of all such federal funds  
466 available.

467 [(d) The Commissioner of Children and Families shall annually  
468 evaluate the progress and accomplishments of the school district

469 established in accordance with subsection (a) of this section. Said  
470 commissioner shall submit annual evaluation reports to the  
471 Commissioner of Education in order to apprise the State Board of  
472 Education of the true condition, progress and needs of said school  
473 district. Said commissioner shall follow procedures adopted by the  
474 Commissioner of Education in preparation of annual evaluation  
475 reports.]

476 Sec. 10. Section 17a-22c of the general statutes is repealed and the  
477 following is substituted in lieu thereof (*Effective July 1, 2009*):

478 (a) The Commissioner of Children and Families and the  
479 Commissioner of Social Services shall establish performance measures  
480 in the areas of finance, administration, utilization, client satisfaction,  
481 quality and access for Connecticut Community KidCare.

482 (b) The Commissioner of Children and Families shall develop and  
483 implement, within available appropriations, culturally appropriate  
484 and competency-based curricula including best practices for the care of  
485 children and youths with, or at risk of, behavioral health needs and  
486 offer training to all willing persons involved in Connecticut  
487 Community KidCare, including, but not limited to, employees in  
488 education and child care and appropriate employees within the  
489 judicial system.

490 [(c) The Commissioners of Children and Families and Social  
491 Services shall, within available appropriations, design and conduct a  
492 five-year independent longitudinal evaluation with evaluation goals  
493 and methods utilizing an independent evaluator. The evaluation shall  
494 assess changes in outcomes for individual children, youths and  
495 families, evaluate the effectiveness of the overall initiative in the early  
496 phases to guide future expansion of Connecticut Community KidCare  
497 and examine benefits, costs and cost avoidance achieved by it. Such  
498 evaluation may include, but is not limited to, the following: (1)  
499 Utilization of out-of-home placements; (2) adherence to system of care  
500 principles; (3) school attendance; (4) delinquency recidivism rates; (5)  
501 satisfaction of families and children and youths with Connecticut

502 Community KidCare as assessed through client satisfaction surveys;  
503 (6) coordination of Connecticut Community KidCare with the juvenile  
504 justice, child protection, adult behavioral health and education  
505 systems; and (7) the quality of transition services.]

506 Sec. 11. (NEW) (*Effective July 1, 2009*) (a) The Commissioner of  
507 Children and Families and the Chief Court Administrator shall  
508 establish, within available appropriations, a pilot program to integrate  
509 the initial written plan for care, treatment and permanent placement of  
510 children and youth required under section 17a-15 of the general  
511 statutes, with the specific steps for family reunification ordered by the  
512 court pursuant to subsection (j) of section 46b-129 of the general  
513 statutes. The Commissioner of Children and Families, in consultation  
514 with the Chief Court Administrator, shall designate one Department of  
515 Children and Families' area office to participate in the pilot program.  
516 The pilot program shall terminate not later than October 1, 2011.

517 (b) A court services officer of the court participating in the pilot  
518 program shall be responsible for convening a meeting to develop the  
519 treatment plan and proposed specific steps for the child and family,  
520 and shall invite the parents or guardians, the child or youth, when  
521 appropriate, and their respective attorneys, department staff  
522 responsible for developing and implementing treatment plans, and  
523 individuals involved in assessing needs and providing services for the  
524 child and family. Whenever possible, such meetings shall be convened  
525 at times and held in places that maximize the likelihood that children,  
526 youth and their parents and guardians will be able to attend.

527 (c) Following the meeting, the court shall order specific steps that  
528 the parent must take to facilitate the return of the child or youth to the  
529 custody of such parent. In addition to satisfying the requirements set  
530 forth in subsection (a) of section 17a-15 of the general statutes for the  
531 Department of Children and Families' written plan for the care,  
532 treatment and permanent placement of every child under the  
533 commissioner's supervision, the plan shall also include, but not be  
534 limited to: (1) Assessment of the health and welfare of the child or

535 youth; (2) an evaluation of the problems and strengths of each child or  
536 youth; (3) the proposed plan of treatment services and temporary  
537 placement, and a goal for permanent placement of the child or youth;  
538 and (4) specific planning goals and clear, comprehensive, time-  
539 sensitive action steps for educational and behavioral health needs.

540 (d) The Commissioner of Children and Families and the Chief Court  
541 Administrator shall report, in accordance with section 11-4a of the  
542 general statutes, to the joint standing committees of the General  
543 Assembly having cognizance of matters relating to human services and  
544 judiciary and the select committee of the General Assembly having  
545 cognizance of matters relating to children not later than February 1,  
546 2012, concerning the results of such pilot program. The report shall  
547 include an independent assessment of the impact of the pilot program  
548 on the quality of written treatment plans, consistency between  
549 treatment plans and specific steps, and participation of parents or  
550 guardians, the child or youth, when appropriate, and their respective  
551 attorneys, department staff responsible for developing and  
552 implementing treatment plans, and individuals involved in assessing  
553 needs and providing services for the child or youth and his or her  
554 family. The report shall also include a recommendation on whether the  
555 program should be expanded state-wide.

556 Sec. 12. Subsection (b) of section 17a-450a of the general statutes is  
557 repealed and the following is substituted in lieu thereof (*Effective July*  
558 *1, 2009*):

559 (b) The Department of Mental Health and Addiction Services shall  
560 constitute a successor department to the addiction services component  
561 of the Department of Public Health and Addiction Services. Whenever  
562 the words "Commissioner of Public Health and Addiction Services" are  
563 used or referred to in the following general statutes, the words  
564 "Commissioner of Mental Health and Addiction Services" shall be  
565 substituted in lieu thereof and whenever the words "Department of  
566 Public Health and Addiction Services" are used or referred to in the  
567 following general statutes, the words "Department of Mental Health

568 and Addiction Services" shall be substituted in lieu thereof: 4a-12, [17a-  
569 3,] 17a-465a, 17a-670 to 17a-676, inclusive, 17a-678 to 17a-682, inclusive,  
570 17a-684 to 17a-687, inclusive, 17a-691, 17a-694, 17a-710, 17a-712, 17a-  
571 713 19a-89c, 20-74o, 20-74p, 20-74q, 21a-274a, 54-36i and 54-56g.

572 Sec. 13. Subsection (b) of section 17a-210c of the general statutes is  
573 repealed and the following is substituted in lieu thereof (*Effective July*  
574 *1, 2009*):

575 (b) Whenever the term "Commissioner of Mental Retardation" is  
576 used or referred to in the following sections of the general statutes, the  
577 term "Commissioner of Developmental Services" shall be substituted  
578 in lieu thereof: 4-5, 4b-3, 4b-23, 8-3e, 10-76i, [17a-4a,] 17a-22a, 17a-210,  
579 17a-212, 17a-212a, 17a-214, 17a-215a, 17a-215b, 17a-217a, 17a-218, 17a-  
580 218a, 17a-225, 17a-226, 17a-227a, 17a-228, 17a-229, 17a-230, 17a-232,  
581 17a-238, 17a-240, 17a-241, 17a-242, 17a-244, 17a-246, 17a-247a, 17a-248,  
582 17a-270, 17a-272, 17a-273, 17a-274, 17a-276, 17a-277, 17a-281, 17a-282,  
583 17a-582, 17a-584, 17a-586, 17a-587, 17a-588, 17a-592, 17a-593, 17a-594,  
584 17a-596, 17a-599, 17b-28a, 17b-244, 17b-244a, 17b-337, 17b-340, 17b-  
585 492b, 19a-24, 19a-411, 19a-580d, 20-14j, 20-571, 45a-670, 45a-674, 45a-  
586 676, 45a-677, 45a-681, 45a-682, 45a-692, 46a-11a, 46a-11c, 46a-11f, 54-  
587 56d, 54-102g and 54-102h.

588 Sec. 14. Sections 17a-4a, 17a-6b, 17a-6c, 17a-21, 17a-91a, 17a-116b  
589 and 46b-121m of the general statutes are repealed. (*Effective July 1,*  
590 *2009*)

|   |                     |             |
|---|---------------------|-------------|
| This act shall take effect as follows and shall amend the following sections: |                     |             |
| Section 1   | <i>July 1, 2009</i> | 17a-3       |
| Sec. 2  | <i>July 1, 2009</i> | 17a-6(b)    |
| Sec. 3  | <i>July 1, 2009</i> | New section |
| Sec. 4  | <i>July 1, 2009</i> | 46a-13l     |
| Sec. 5  | <i>July 1, 2009</i> | 17a-4       |
| Sec. 6  | <i>July 1, 2009</i> | 17a-1       |
| Sec. 7  | <i>July 1, 2009</i> | 17a-22b(a)  |
| Sec. 8  | <i>July 1, 2009</i> | 17a-145     |

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|         |                     |                  |
|---------|---------------------|------------------|
| Sec. 9  | <i>July 1, 2009</i> | 17a-37           |
| Sec. 10 | <i>July 1, 2009</i> | 17a-22c          |
| Sec. 11 | <i>July 1, 2009</i> | New section      |
| Sec. 12 | <i>July 1, 2009</i> | 17a-450a(b)      |
| Sec. 13 | <i>July 1, 2009</i> | 17a-210c(b)      |
| Sec. 14 | <i>July 1, 2009</i> | Repealer section |

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

**HS**      *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

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### **OFA Fiscal Note**

#### **State Impact:**

| <b>Agency Affected</b>                             | <b>Fund-Effect</b> | <b>FY 10 \$</b> | <b>FY 11 \$</b> |
|--|--------------------|-----------------|-----------------|
| Children & Families, Dept.;<br>Judicial Department | GF - Cost          | See Below       | See Below       |

Note: GF=General Fund

**Municipal Impact:** None

#### **Explanation**

Sections 1-3, 5-10, and 12-14 make numerous substantive and technical changes related to: (a) DCF's planning efforts; (b) the structure and role of advisory councils to the Commissioner of Children and Families; and (c) various reporting mandates involving DCF. Taken as a whole, these changes can be accommodated within the department's normally budgeted resources.

Section 4 requires any state agency cited in an official report issued by the Office of the Child Advocate (OCA) to submit a written response within 60 days after it receives the report. These provisions will not result in a fiscal impact to OCA or other state agencies.

Section 11 establishes a pilot program (which would expire no later than 10/1/11) at one court location to combine the first treatment plan meeting, which is usually held at a DCF area office, with the initial case status conference in a pending neglect case, which is held at a courthouse. Under the bill, a court services officer must convene these meetings. Consolidation of these conferences will result in no fiscal impact to either agency.

The bill requires an independent assessment of the impact of the pilot program to be included within a report to be submitted by 2/1/12. Actual costs of retaining an outside entity to complete this

work would depend upon the number of cases examined and the scope of the review, which cannot be determined in advance. However, a study of moderate scope would be anticipated to cost about \$25,000. It is unknown how these costs would be divided amongst the two agencies.

***The Out Years***

A portion of the costs associated with the independent assessment of the pilot program would be expected to be incurred during FY 12.

*Sources: 2/19/09 Public Hearing Testimony; File 416 of the 2008 Legislative Session.*

**OLR Bill Analysis****sSB 877*****AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING THE DEPARTMENT OF CHILDREN AND FAMILIES.*****SUMMARY:**

This bill implements a number of changes in statutes relating to the Department of Children and Families' (DCF) planning, programming, and reporting functions. It:

1. requires DCF to develop and regularly update a single comprehensive strategic plan;
2. expands the authority and oversight of the State Advisory Council on Children and Families (SAC) with respect to DCF programs and services;
3. requires, rather than allows, DCF to establish advisory groups for each facility it operates (The Connecticut Children's Place, the Connecticut Juvenile Training School (CJTS), High Meadows, Riverview Hospital, and the Wilderness School) and provide them administrative support;
4. directs DCF and the juvenile court to establish a pilot program to integrate treatment plans for abused and neglected children in DCF's care with the court's orders concerning specific steps their parents must take in order to regain custody; and
5. requires state agencies cited in an Office of the Child Advocate report to respond in writing within 60 days.

The bill also eliminates several reporting requirements and advisory groups and makes technical and conforming changes.

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EFFECTIVE DATE: July 1, 2009

## **§ 1 — STRATEGIC PLAN**

The bill eliminates a requirement that DCF submit to the legislature a five-year master plan every two years. Instead, with the assistance of the SAC, it must develop and regularly update a single, comprehensive strategic plan for meeting the needs of the children and families it serves. In developing and updating the plan, DCF must consult with representatives of children and families it serves, service providers, advocates, and others interested in child and family well-being in the state. The plan must identify and define agency goals and indicators of progress in achieving them.

The plan must include:

1. a mission statement;
2. goals for the department, each of its mandated areas of responsibility (child welfare, juvenile justice, children's mental health and substance abuse services, and child abuse and neglect prevention), and each of its programs and services;
3. a schedule and timeframe for achieving these goals and fulfilling its mission;
4. priorities for services and estimates of the funding and other resource needs to implement them;
5. program and service standards; and
6. relevant performance measures.

The bill requires DCF to begin the strategic planning process on July 1, 2009. Before submitting the plan to the legislature and governor, which must occur by July 1, 2010, DCF must submit it to SAC for review and comment.

### ***Progress Reports***

The DCF commissioner must track progress in achieving the strategic plan's goals and file quarterly reports with SAC beginning October 1, 2010. She must submit annual progress reports to the legislature and governor beginning July 1, 2011.

### **§§ 5, 6 & 14 — STATE ADVISORY COUNCIL ON CHILDREN AND FAMILIES**

By law, SAC makes recommendations to DCF about programs, legislation, and other matters to improve services; annually advises the commissioner on her proposed budget; explains DCF's policies, duties, and programs to the public; and issues reports to the governor and commissioner on an as-needed basis. The bill directs DCF to provide the council with funding for administrative support and to facilitate participation by council members representing families (10 of its 17 members are parents or relatives of children receiving, or who have received, DCF services).

The bill requires the council to hold its meetings at locations that facilitate public participation. DCF must post the council agenda and minutes on its web site.

#### ***New Duties***

The bill assigns SAC the following new duties:

1. reviewing and commenting on DCF's strategic plan,
2. receiving quarterly reports from the commissioner concerning the department's progress in carrying out the strategic plan,
3. independently monitoring the department's progress in achieving the strategic plan's goals, and
4. offering the department assistance and an outside perspective to help it achieve its goals.

In addition, the bill requires the SAC chairperson to appoint a committee composed of people knowledgeable about children who need behavioral health services and family supports. Committee

members must include parents and guardians of children with behavioral health needs. Its purpose is to fulfill the state's mental health planning under three federal laws that require states to have behavioral health-related councils as a condition of receiving mental health block grant funding.

The bill eliminates SAC's Children's Behavioral Health Advisory Committee which is composed of 31 public and Executive Branch members who must fairly and adequately represent parents of children who have a serious emotional disturbance. Currently, the committee provides SAC with (1) annual status reports on local systems of care and practice standards for state-funded children's behavioral health programs and (2) biennial recommendations concerning the provision of behavioral health services to Connecticut children.

### **§ 3 — FACILITY REPORTS TO ADVISORY GROUPS**

The bill requires each DCF-operated facilities to submit an annual report to its advisory group that includes:

1. aggregate resident profiles;
2. descriptions of, and updates on, major initiatives;
3. key outcome indicators and results;
4. operating costs; and
5. descriptions of its (a) educational, vocational, and literacy programs, (b) behavioral, treatment, and other services for residents, and (c) their outcomes.

DCF must serve as administrative staff and post these reports on its website. The bill directs the advisory groups to respond to their facility's annual report and recommend improvements and enhancements that they deem necessary.

### **§ 11 — DCF-JUVENILE COURT PILOT PROGRAM**

The bill directs the DCF commissioner and Judicial Branch's chief court administrator to establish a pilot program to integrate (1) the department's initial plan for care, treatment, and permanent placement of children who have been removed from their homes due to allegations of abuse and neglect with (2) the juvenile court's orders directing their parents to take specific steps to get their children back. Currently, these decisions are made separately.

The commissioner must consult with the chief court administrator to designate one DCF area office to participate in the pilot program. They must administer the program within appropriations; it must end by October 1, 2011.

***Procedure***

Under the bill, a Judicial Branch court support services officer must convene a meeting to develop the initial treatment plan and proposed specific steps for the child and family. The officer must invite the parents or guardian; child or youth, when appropriate and their respective attorneys; DCF staff responsible for developing and implementing treatment plans; and people involved in assessing the child or youth's and family's needs and providing services. Whenever possible, meetings should be scheduled and held in places that maximize the likelihood that the youngsters and families will be able to attend.

After the meeting, the court must issue an order identifying the specific steps that the parent must take to regain custody. DCF's written treatment plan for the child or youth must include an evaluation of the child's problems, proposed treatment services, and temporary and permanent placement goals (these are already required by law) as well as:

1. an assessment of the child or youth's health and welfare;
2. an evaluation of his or her problems and strengths;
3. a proposed plan of treatment services and temporary

placement, and a goal for permanent placement; and

4. specific planning goals and clear, comprehensive, time-sensitive action steps for meeting educational and behavioral health needs.

### **Reporting**

The DCF commissioner and chief court administrator must report on the pilot program's results to the Children's, Human Services, and Judiciary committees by February 1, 2012. The report must include a recommendation on whether the program should be expanded statewide.

It must also include an independent assessment of the program's impact on:

1. the quality of DCF's written treatment plans,
2. consistency between treatment plans and the court's specific steps orders, and
3. participation by all the parties who must be invited to the initial meeting.

### **§ 4 — STATE AGENCY RESPONSES TO CHILD ADVOCATE REPORTS**

The bill requires any state agency cited in an official report issued by the child advocate to submit a written response to the child advocate no later than 60 days after it receives the report. If the report is the product of the child advocate's in-depth investigation into the death or a critical incident involving a child, the agency must also send copies of its response to the Child Fatality Review Panel, the governor, and the legislature. Agency responses must include proposed corrective actions to address identified problems and a time frame for implementing improvements.

### **§§ 7, 8, 9, & 14 — ELIMINATING REPORTS AND ADOPTION ADVISORY COMMITTEE**

The bill eliminates obsolete reporting statutes and the following mandated reports:

1. annual self-evaluations by community collaboratives participating in Connecticut KidCare, the state's child behavioral health program;
2. CJTS advisory group ongoing reviews and DCF annual reports on their findings and recommendations;
3. annual child care facility reports from DCF licensees;
4. annual DCF reports containing delinquency statistics and new facility plans;
5. annual performance reports on DCF's Unified School District #2;
6. quarterly reports from hospitals to DCF concerning psychiatric services provided to children; and
7. DCF's monthly reports to the Public Health and Human Services committees concerning hospitalized children receiving subacute psychiatric care due to a lack of community-based services.

The bill also eliminates (1) an advisory committee that studies and makes annual reports to DCF on programs to promote adoption of minority and hard-to-place foster children, (2) a committee that is currently required to make quarterly reviews of safety and security issues at CJTS that affect Middletown, and (3) SAC's Children's Behavioral Health Advisory Committee.

**COMMITTEE ACTION**

Select Committee on Children

Joint Favorable Substitute Change of Reference  
Yea 11 Nay 0 (03/03/2009)

Human Services Committee

Joint Favorable

Yea 18 Nay 0 (03/12/2009)