



General Assembly

January Session, 2009

Committee Bill No. 5416

LCO No. 3476

03476HB05416HS_

Referred to Committee on Human Services

Introduced by:
(HS)

AN ACT CONCERNING THE TRANSITION OF CARE AND TREATMENT OF CHILDREN AND YOUTH FROM THE DEPARTMENT OF CHILDREN AND FAMILIES TO THE DEPARTMENT OF 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, 2009*) (a) The Commissioner of
2 Children and Families shall develop and implement an interagency
3 agreement with the Commissioner of Mental Health and Addiction
4 Services to provide for the transition of care for children and youth
5 who are under the supervision of the Commissioner of Children and
6 Families and who may be eligible for services from the Department of
7 Mental Health and Addiction Services. Under the interagency
8 agreement, the Commissioner of Children and Families shall (1) send
9 referral information for each youth who may be eligible to transfer to
10 the Department of Mental Health and Addiction Services at least one
11 year prior to the date of the proposed transfer; (2) schedule a meeting
12 with the Department of Mental Health and Addiction Services not later
13 than thirty days after a youth is found eligible to qualify for available
14 services from the Department of Mental Health and Addiction Services
15 to (A) develop a transition plan for the youth, and (B) discuss the

16 services needed to develop the youth's skills to allow the youth to
17 transition to adulthood and engage in the adult mental health system
18 by the date of the proposed transition and make recommendations for
19 modifications to the youth's treatment plan, developed pursuant to
20 section 17a-15 of the general statutes, if appropriate; (3) provide
21 services for the youth recommended in the transition plan and, if such
22 services are provided by the Department of Mental Health and
23 Addiction Services, fund such services; (4) monitor the transition plan
24 to determine if goals are being achieved and assist in the resolution of
25 any problems that occur; and (5) explain to a youth, who is ineligible
26 for services from the Department of Mental Health and Addiction
27 Services, and the youth's parent or guardian, the procedure for review
28 of the denial of eligibility and the right to a fair hearing in accordance
29 with regulations adopted pursuant to subsection (u) of section 17a-451
30 of the general statutes, as amended by this act. For any youth found
31 eligible for transfer to the Department of Mental Health and Addiction
32 Services, the Commissioner of Children and Families shall continue to
33 provide care in accordance with subsection (g) of section 17a-11 of the
34 general statutes, until all services identified in the transition plan
35 pursuant to subparagraph (B) of subdivision (2) of this subsection have
36 been provided.

37 (b) Any youth or the parent or guardian of such youth aggrieved by
38 any provision of a transition plan prepared under subsection (a) of this
39 section shall be provided an administrative hearing, pursuant to
40 chapter 54 of the general statutes, not later than thirty days after a
41 written request directed to the Commissioner of Children and
42 Families.

43 Sec. 2. Section 17a-451 of the general statutes is repealed and the
44 following is substituted in lieu thereof (*Effective October 1, 2009*):

45 (a) The Commissioner of Mental Health and Addiction Services
46 shall be a qualified person with a masters degree or higher in a health-
47 related field and at least ten years' experience in hospital, health,

48 mental health or substance abuse administration.

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

51 (c) The commissioner shall prepare and issue regulations for the
52 administration and operation of the Department of Mental Health and
53 Addiction Services, and all state-operated facilities and community
54 programs providing care for persons with psychiatric disabilities or
55 persons with substance use disorders, or both.

56 (d) The commissioner shall coordinate the community programs
57 receiving state funds with programs of state-operated facilities for the
58 treatment of persons with psychiatric disabilities or persons with
59 substance use disorders, or both.

60 (e) (1) The commissioner shall collaborate and cooperate with other
61 state agencies providing services for mentally disordered children and
62 adults with psychiatric disabilities or persons with substance use
63 disorders, or both, and shall coordinate the activities of the
64 Department of Mental Health and Addiction Services with the
65 activities of said agencies. (2) The commissioner shall participate in the
66 development and implementation of an interagency agreement with
67 the Commissioner of Children and Families pursuant to subsection (a)
68 of section 1 of this act, for the transition of care for children and youth
69 who are under the supervision of the Commissioner of Children and
70 Families. Under the interagency agreement, the commissioner shall (A)
71 determine whether each youth referred by the Department of Children
72 and Families qualifies for available services not later than thirty days
73 after the date of referral and provide written notice of such finding to
74 each youth and the youth's parent or guardian, (B) attend a meeting
75 with the Department of Children and Families not later than thirty
76 days after a youth is found to qualify for available services to (i)
77 develop a transition plan for such youth, and (ii) discuss the services
78 needed to develop the youth's skills to allow the youth to transition to
79 adulthood and engage in the adult mental health system by the date of

80 the proposed transition and make recommendations for modifications
81 to the youth's treatment plan, developed pursuant to section 17a-15 of
82 the general statutes, if appropriate; and (C) monitor implementation of
83 the transition plan and assist in the resolution of any problems that
84 occur.

85 (f) (1) The commissioner shall establish and enforce standards and
86 policies for the care and treatment of persons with psychiatric
87 disabilities or persons with substance use disorders, or both, in public
88 and private facilities that are consistent with other health care
89 standards and may make any inquiry, investigation or examination of
90 records of such facilities as may be necessary for the purpose of
91 investigating the occurrence of any serious injury or unexpected death
92 involving any person who has within one year of such occurrence
93 received services for the care and treatment of such disabilities from a
94 state-operated facility or a community program receiving state funds.
95 (2) The findings of any such inquiry, investigation or examination of
96 records conducted pursuant to this subsection shall not be subject to
97 disclosure pursuant to section 1-210, nor shall such findings be subject
98 to discovery or introduction into evidence in any civil action arising
99 out of such serious injury or unexpected death. (3) Except as to the
100 finding provided in subdivision (2) of this subsection, nothing in this
101 subsection shall be construed as restricting disclosure of the
102 confidential communications or records upon which such findings are
103 based, where such disclosure is otherwise provided for by law.

104 (g) The commissioner shall establish and direct research, training,
105 and evaluation programs.

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

109 (i) The commissioner shall be responsible for the coordination of all
110 activities in the state relating to substance use disorders and treatment,
111 including activities of the Departments of Children and Families,

112 Correction, Public Health, Social Services and Veterans' Affairs, the
113 Judicial Branch and any other department or entity providing services
114 to persons with substance use disorders.

115 (j) The commissioner shall be responsible for developing and
116 implementing the Connecticut comprehensive plan for prevention,
117 treatment and reduction of alcohol and drug abuse problems to be
118 known as the state substance abuse plan. The plan shall include state-
119 wide, long-term planning goals and objectives and annual revisions of
120 objectives. In the development of the substance abuse plan the
121 commissioner shall solicit and consider the recommendations of the
122 subregional planning and action councils established under section
123 17a-671.

124 (k) The commissioner shall prepare a consolidated budget request
125 for the operation of the Department of Mental Health and Addiction
126 Services.

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

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

133 (n) The commissioner shall specify uniform methods of keeping
134 statistical information by public and private agencies, organizations
135 and individuals, including a client identifier system, and collect and
136 make available relevant statistical information, including the number
137 of persons treated, demographic and clinical information about such
138 persons, frequency of admission and readmission, frequency and
139 duration of treatment, level or levels of care provided and discharge
140 and referral information. The commissioner shall also require all
141 facilities that provide prevention or treatment of alcohol or drug abuse
142 or dependence that are operated or funded by the state or licensed

143 under sections 19a-490 to 19a-503, inclusive, to implement such
144 methods. The commissioner shall report any licensed facility that fails
145 to report to the licensing authority. The client identifier system shall be
146 subject to the confidentiality requirements set forth in section 17a-688
147 and regulations adopted thereunder.

148 (o) The commissioner shall establish uniform policies and
149 procedures for collecting, standardizing, managing and evaluating
150 data related to substance use, abuse and addiction programs
151 administered by state agencies, state-funded community-based
152 programs and the Judicial Branch, including, but not limited to: (1) The
153 use of prevention, education, treatment and criminal justice services
154 related to substance use, abuse and addiction; (2) client demographic
155 and substance use, abuse and addiction information; and (3) the
156 quality and cost effectiveness of substance use, abuse and addiction
157 services. The commissioner shall, in consultation with the Secretary of
158 the Office of Policy and Management, ensure that the Judicial Branch,
159 all state agencies and state-funded community-based programs with
160 substance use, abuse and addiction programs or services comply with
161 such policies and procedures. Notwithstanding any other provision of
162 the general statutes concerning confidentiality, the commissioner,
163 within available appropriations, shall establish and maintain a central
164 repository for such substance use, abuse and addiction program and
165 service data from the Judicial Branch, state agencies and state-funded
166 community-based programs administering substance use, abuse and
167 addiction programs and services. The central repository shall not
168 disclose any data that reveals the personal identification of any
169 individual. The Connecticut Alcohol and Drug Policy Council
170 established pursuant to section 17a-667 shall have access to the central
171 repository for aggregate analysis. The commissioner shall submit a
172 biennial report to the General Assembly, in accordance with the
173 provisions of section 11-4a, the Office of Policy and Management and
174 the Connecticut Alcohol and Drug Policy Council. The report shall
175 include, but need not be limited to, a summary of: (A) Client and
176 patient demographic information; (B) trends and risks factors

177 associated with alcohol and drug use, abuse and dependence; (C)
178 effectiveness of services based on outcome measures; and (D) a state-
179 wide cost analysis.

180 (p) The commissioner may contract for services to be provided for
181 the department or by the department for the prevention of mental
182 illness or substance abuse in persons, as well as other mental health or
183 substance abuse services described in section 17a-478 and shall consult
184 with providers of such services in developing methods of service
185 delivery.

186 (q) (1) The commissioner may make available to municipalities,
187 nonprofit community organizations or self help groups any services,
188 premises and property under the control of the Department of Mental
189 Health and Addiction Services but shall be under no obligation to
190 continue to make such property available in the event the department
191 permanently vacates a facility. Such services, premises and property
192 may be utilized by such municipalities, nonprofit community
193 organizations or self help groups in any manner not inconsistent with
194 the intended purposes for such services, premises and property. The
195 Commissioner of Mental Health and Addiction Services shall submit
196 to the Commissioner of Administrative Services any agreement for
197 provision of services by the Department of Mental Health and
198 Addiction Services to municipalities, nonprofit community
199 organizations or self help groups for approval of such agreement prior
200 to the provision of services pursuant to this subsection.

201 (2) The municipality, nonprofit community organization or self help
202 group using any premises and property of the department shall be
203 liable for any damage or injury which occurs on the premises and
204 property and shall furnish to the Commissioner of Mental Health and
205 Addiction Services proof of financial responsibility to satisfy claims for
206 damages on account of any physical injury or property damage which
207 may be suffered while the municipality, nonprofit community
208 organization or self help group is using the premises and property of

209 the department in such amount as the commissioner determines to be
210 necessary. The state of Connecticut shall not be liable for any damage
211 or injury sustained on the premises and property of the department
212 while the premises and property are being utilized by any
213 municipality, nonprofit community organization or self help group.

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

219 (r) The commissioner shall prepare an annual report for the
220 Governor.

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

223 (t) The commissioner may direct clinical staff at Department of
224 Mental Health and Addiction Services facilities or in crisis intervention
225 programs funded by the department who are providing treatment to a
226 patient to request disclosure, to the extent allowed under state and
227 federal law, of the patient's record of previous treatment in order to
228 accomplish the objectives of diagnosis, treatment or referral of the
229 patient. If the clinical staff in possession of the requested record
230 determines that disclosure would assist the accomplishment of the
231 objectives of diagnosis, treatment or referral, the record may be
232 disclosed, to the extent allowed under state and federal law, to the
233 requesting clinical staff without patient consent. Records disclosed
234 shall be limited to records maintained at department facilities or crisis
235 intervention programs funded by the department. The Commissioner
236 of Mental Health and Addiction Services shall adopt regulations in
237 accordance with chapter 54 to administer the provisions of this
238 subsection and to ensure maximum safeguards of patient
239 confidentiality.

240 (u) The commissioner shall adopt regulations to establish a fair
241 hearing process which provides the right to appeal final
242 determinations of the Department of Mental Health and Addiction
243 Services or of its grantee agencies as determined by the commissioner
244 regarding: The nature of denial, involuntary reduction or termination
245 of services. Such hearings shall be conducted in accordance with the
246 provisions of chapter 54, after a person has exhausted the department's
247 established grievance procedure. Any matter which falls within the
248 jurisdiction of the Psychiatric Security Review Board under sections
249 17a-580 to 17a-603, inclusive, shall not be subject to the provisions of
250 this section. Any person receiving services from a Department of
251 Mental Health and Addiction Services facility or a grantee agency
252 determined by the commissioner to be subject to this subsection and
253 who is aggrieved by a violation of sections 17a-540 to 17a-549,
254 inclusive, may elect to either use the procedure specified in this
255 subsection or file for remedies under section 17a-550.

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

259 Sec. 3. (NEW) (*Effective July 1, 2009*) (a) On or before September 1,
260 2009, and annually thereafter, the Commissioners of Children and
261 Families and Mental Health and Addiction Services shall, within
262 available appropriations, jointly report, in accordance with section 11-
263 4a of the general statutes, to the Community Mental Health Strategy
264 Board, established pursuant to section 17a-485b of the general statutes,
265 and to the joint standing committees of the General Assembly having
266 cognizance of matters relating to human services, and appropriations
267 and the budgets of state agencies and the select committee of the
268 General Assembly having cognizance of matters relating to children on
269 the transition process for the young adults from the Department of
270 Children and Families to the Department of Mental Health and
271 Addiction Services.

272 (b) The report shall include:

273 (1) A detailed description of such process;

274 (2) (A) The number of children and youth in the care of the
275 Department of Children and Families who are fourteen years of age or
276 older and who may require services from the Department of Mental
277 Health and Addiction Services upon reaching age eighteen, (B) the
278 diagnostic and behavioral issues related to the reason for potential
279 referral to the Department of Mental Health and Addiction Services,
280 (C) the anticipated service needs of such children and youth through
281 age twenty-one, (D) the identified permanency plans, and (E) the
282 anticipated budget implications for each department for two years
283 following the date of the report;

284 (3) (A) The number of youth in the care of the Department of
285 Children and Families aged sixteen years of age or older who may
286 require services from the Department of Mental Health and Addiction
287 Services upon reaching age eighteen, (B) the diagnostic and behavioral
288 issues related to the reason for potential referral to the Department of
289 Mental Health and Addiction Services, (C) the anticipated service
290 needs of such youth through age twenty-one, (D) the identified
291 permanency plans, and (E) the anticipated budget implications for
292 each department for two years following the date of the report;

293 (4) For youth described in subparagraph (A) of subdivision (3) of
294 this subsection, (A) the average length of time between the youth's
295 sixteenth birthday and the date of referral to the Department of Mental
296 Health and Addiction Services, (B) the average length of time between
297 the date of referral and the date of acceptance for services by the
298 Department of Mental Health and Addiction Services, (C) the average
299 length of time between referral and completion of a written transition
300 plan that describes the strengths and service needs necessary for
301 transition to the Department of Mental Health and Addiction Services,
302 (D) the number of such youth in residential treatment or in psychiatric
303 hospitals who are in discharge delay status, (E) the placement settings

304 of such youth, (F) the identified permanency plans, and (G) the
305 number of such youth (i) who have been adjudicated delinquent, (ii)
306 who have been arrested as adults, and (iii) incarcerated in a facility
307 operated by the Department of Correction, and the average length of
308 incarceration;

309 (5) The number of youth referred by the Department of Children
310 and Families who were denied services by the Department of Mental
311 Health and Addiction Services, and the reasons for such denials; and

312 (6) For youth referred by the Department of Children and Families
313 who were accepted for services by the Department of Mental Health
314 and Addiction Services, (A) the average length of time between the
315 youth's eighteenth birthday and placement in a clinically appropriate
316 level of care, (B) the number receiving services through the young
317 adult services division of the Department of Mental Health and
318 Addiction Services and the services provided, (C) the number
319 receiving services through other divisions of the department and the
320 services provided, (D) the number who refuse, withdraw or are
321 discharged, and the average length of time between acceptance and
322 refusal, withdrawal or discharge, and (E) the number arrested or
323 incarcerated prior to their twenty-first birthday.

324 (c) In addition to the information required pursuant to subsection
325 (b) of this section, the commissioners shall jointly review and include
326 in the report: Any barriers to (1) referring no later than thirty days
327 after their sixteenth birthday all youth who are in the care of the
328 Department of Children and Families, and who may require services
329 from the Department of Mental Health and Addiction Services; (2)
330 completing an eligibility determination no later than thirty days after
331 the date of referral for all such youth; (3) developing appropriate
332 transition plans no later than thirty days after a determination that a
333 youth will be accepted for services from the Department of Mental
334 Health and Addiction Services; (4) providing clinically appropriate
335 services to youth in the care of the Department of Children and

336 Families who may later be referred to the Department of Mental
337 Health and Addiction Services; and (5) providing clinically
338 appropriate services to young adults upon transition to the
339 Department of Mental Health and Addiction Services.

340 Sec. 4. (NEW) (*Effective July 1, 2009*) (a) On or before January 1, 2010,
341 the Departments of Children and Families and Mental Health and
342 Addiction Services shall, utilizing existing funds, develop and
343 implement an interagency pilot program that (1) is jointly
344 administered by the departments, and (2) provides age-appropriate
345 housing and services to youth and young adults that allows them to
346 transition between the departments without the currently mandated
347 changes to their housing or services. Not later than October 1, 2009, the
348 Commissioners of Children and Families and Mental Health and
349 Addiction Services shall submit a joint report, in accordance with
350 section 11-4a of the general statutes, to the joint standing committee of
351 the General Assembly having cognizance of matters relating to
352 appropriations describing plans to implement the pilot program by
353 January 1, 2010. The report shall include information addressing each
354 of the components of the pilot program described in subsection (b) of
355 this section. (b) The pilot program shall include, but not be limited to:
356 (1) Services provided by an interagency team with staff who have
357 demonstrated competency in both adolescent and adult behavioral
358 health matters; (2) participation by young adults who (A) are sixteen
359 years of age by October 1, 2009, (B) will transition to the Department of
360 Mental Health and Addiction Services on or after their eighteenth
361 birthday, and (C) require intensive intervention to acquire the adult
362 living skills necessary for successful community living; (3) access to
363 interdisciplinary services that address the young adults' individual
364 developmental needs, including education, vocation, socialization,
365 mentoring, recreation, independent living skills and treatment for
366 behavioral health needs, including trauma and addiction; (4)
367 continuity of staff support and services to promote, to the fullest extent
368 possible, trusting relationships that continue from adolescence to
369 adulthood; and (5) a monitoring component.

370 (c) The Commissioners of Children and Families and Mental Health
 371 and Addiction Services shall jointly report, in accordance with section
 372 11-4a of the general statutes, on the pilot program, including findings
 373 and outcomes, to the joint standing committees of the General
 374 Assembly having cognizance of matters relating to appropriations,
 375 human services and public health not later than January 1, 2011, and
 376 annually thereafter.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2009</i>	New section
Sec. 2	<i>October 1, 2009</i>	17a-451
Sec. 3	<i>July 1, 2009</i>	New section
Sec. 4	<i>July 1, 2009</i>	New section

Statement of Purpose:

To provide for the development and implementation of interagency agreements between the Department of Children and Families and the Department of Mental Health and Addiction Services for the transition of care of children and youth in the custody of the Department of Children and Families.

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

Co-Sponsors: REP. VILLANO, 91st Dist.; REP. WALKER, 93rd Dist.

H.B. 5416