

Act Number:	09-197	
Bill Number:	6523	
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GENERAL ASSEMBLY
SENATE**

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page 17, Calendar 714, House bill 6280, move to place the item on the Consent Calendar.

THE CHAIR:

There's a motion on the floor to place Calendar number 714 on the Consent Calendar. Without objection, sir, so ordered.

SENATOR LOONEY:

Yes. Thank you, Mr. President. Continuing Calendar page 21, Calendar 735, House bill 6523, move to place the item on the Consent Calendar.

THE CHAIR:

There's a motion on the floor to place Calendar number 735 on the Consent Calendar. Senator Looney, I believe because it's single starred, you're going to have to suspend the rules first, sir.

SENATOR LOONEY:

Yes, Mr. President. Move for suspension, take out that item and place it on the Consent Calendar.

THE CHAIR:

There's a motion on the floor to take single starred Calendar number 735 to double star on the Calendar. Seeing no objection, please proceed, sir.

SENATOR LOONEY:

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Back on Calendar page 18, Calendar 719, House Bill 6676 is marked go and Calendar page 33, Calendar 354, Senate bill 499 is marked go.

Yes, Mr. President, thank you. At this point if the Clerk might call the items on the Consent Calendar.

THE CHAIR:

Mr. Clerk, please call the Consent Calendar.

THE CLERK:

Immediate Roll Call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber. Immediate Roll Call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber.

Mr. President, the items placed on the first Consent Calendar begin on Senate Agenda number one, Substitute for House bill 5211, Substitute for House bill 6672 and Senate bill 880.

From Senate Agenda number two, Substitute for House bill 6481 and Senate bill 1128.

Going to Senate Calendar, calendar page 229, Substitute for Senate bill 549. Calendar 229, substitute for Senate bill 547. Calendar page 7,

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Calendar 602, substitute for House bill 6584.

Calendar page 10, Calendar 639, House bill 6684.

Calendar page 12, Calendar 667, substitute for House bill 6539. Calendar page 13, Calendar 678, substitute for House bill 6306. Calendar 679, substitute for House bill 6279 and Calendar 682, substitute for House bill 6041. Calendar page 14, Calendar 692, House bill 6248. Calendar page 15, Calendar 700, substitute for House bill 6693. Calendar 701, substitute for House bill 6642. Calendar page 17, Calendar 714, substitute for House bill 6280. Calendar page 21, Calendar 735, House bill 6523. Calendar page 26, Calendar 337, Senate bill 1047.

THE CHAIR:

Sir, I believe that was 377.

THE CLERK:

Yes, Mr. President, Calendar 377, Senate bill 1047. And Calendar page 33, Calendar 378, substitute for Senate bill 1048. Mr. President, that completes the items placed on the first Consent Calendar.

THE CHAIR:

Please call for Roll Call vote.

Please call for a Roll Call vote on Consent number

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one, the machine will be open.

THE CLERK:

The Senate is now voting by Roll Call on the Consent Calendar. Will all Senators please return to the Chamber? The Senate is now voting by Roll Call. Will all Senators please return to the Chamber.

THE CHAIR:

Have all Senators voted? If all Senators have voted, please check your vote, the machine will be locked, the Clerk will call the tally.

THE CLERK:

Motion is on adoption of Consent Calendar Number One.

Total number voting	36
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

Consent Calendar Number One passes.

Senator Looney.

SENATOR LOONEY:

Yes. Thank you, Mr. President, would move for immediate transmittal to the House of Representatives

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Those voting Nay 3

Those absent and not voting 10

DEPUTY SPEAKER ORANGE:

The bill passes in concurrence with the Senate. Will the
Clerk please call Calendar number 249.

THE CLERK:

On page 6, Calendar 249, House Bill number 6523, AN ACT
CONCERNING LICENSING OF ADOLESCENT SUBSTANCE ABUSE TREATMENT
FACILITIES favorable report of the Committee on Human Services.

DEPUTY SPEAKER ORANGE:

My good friend from Meriden, Representative Abercrombie,
you have the floor, ma'am. Good morning.

REP. ABERCROMBIE (83rd):

Good morning, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Good morning to you.

REP. ABERCROMBIE (83rd):

As we move into our last day of session. I move for the
acceptance of the joint committee's favorable report and passage
of the bill.

DEPUTY SPEAKER ORANGE:

The question is on acceptance of the joint committee's
favorable report and passage of the bill. Will you remark?

REP. ABERCROBIE (83rd):

Thank you, Madam Speaker. Madam Speaker, the Clerk has an amendment LCO 9090. I would ask the Clerk to please call the amendment and that I be granted leave of the chamber to summarize.

DEPUTY SPEAKER ORANGE:

Will the Clerk please call LCO 9090 designated as House Amendment Schedule A.

THE CLERK:

LCO number 9090 House Amendment Schedule A offered by Representatives Walker, Gibbons, and Abercrombie and Senator Doyle.

DEPUTY SPEAKER ORANGE:

The Representative seeks leave of the chamber to summarize. Is there objection? Is there objection? Hearing none, Representative Abercrombie, please proceed, ma'am.

REP. ABERCROMBIE (83rd):

Thank you, Madam Speaker. Madam Speaker, currently providers of residential adolescent substance abuse programs and maternity homes must be licensed by both DPH and DCF. Providers have raised concerns about this process because it's cumbersome and some of the requirements do conflict. Under the amendment these programs will now be exempt from licensing under DPH and

will be licensed only by DCF. It's our intent that there will be no change in the standards applied to these programs and DCF has committed to reviewing its licensing regulations regarding these programs to ensure that the standards remain the same. I move adoption.

DEPUTY SPEAKER ORANGE:

Thank you, ma'am. Will you -- the question is on adoption. Will you remark further? Will you remark further?

The distinguished Ranking Member of the Human Services Committee, Representative Gibbons, you have the floor, ma'am.

REP. GIBBONS (150th):

Good morning, Madam Speaker. It's nice to see us all -- you up there and all of us still here.

DEPUTY SPEAKER ORANGE:

Good morning to you too.

REP. GIBBONS (150th):

For legislative intent, could I please ask the proponent of the bill the four facilities that are going to be covered by this bill and would she please name them. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Madam Speaker, it's the Children's Center of Hamden, Midwestern Connecticut Council on Alcoholism in Norwich, New Hope Manor in Hamden, and Rushford Center in Durham, and then we also have two maternity homes, St. Augustus Group Home and Mi Casa.

DEPUTY SPEAKER ORANGE:

Representative Gibbons.

REP. GIBBONS (150th):

Thank you, Madam Speaker. I stand in support of this amendment and hope the chamber will do as so -- as so as well.

Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, ma'am. Will you care to remark further? Will you care to remark further? If not, staff and guests please come to the well of the House. Members take your seats. The machine will be open on the amendment. Okay. Let's back up here. All those in favor of House Amendment Schedule A please signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ORANGE:

All those opposed nay.

The ayes have it. The amendment is adopted. Will you care to remark on the bill as amended? Will you care to remark on the bill as amended? Will you care to remark further on the bill as amended? If not, now staff and guests to the well of the House. Members take your seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by roll call.
Members to the chamber. Members to the chamber. The House is voting by roll call.

Speaker Donovan in the Chair.

SPEAKER DONOVAN:

Have all the members voted? Have all the members voted? Please check the roll call board to make sure your votes were properly cast. If all the members have voted the machine will be locked and the Clerk will take a tally. Will the Clerk please announce the tally.

THE CLERK:

House Bill 6523 as amended by House A .

Total number voting 140

Necessary for passage 71

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HOUSE OF REPRESENTATIVES

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June 2, 2009

Those voting Yea	140
Those voting Nay	0
Those absent and not voting	11

DEPUTY SPEAKER ORANGE:

The bill as amended passes. Are there any announcements or introductions? Any announcements or introductions?

Representative Boukus.

REP. BOUKUS (22nd):

Mr. Speaker, good evening or morning.

SPEAKER DONOVAN:

Good morning, madam.

REP. BOUKUS (22nd):

For journal and transcript notations please.

SPEAKER DONOVAN:

Please proceed.

REP. BOUKUS (22nd):

Why thank you. Missing votes under journal notations today, yesterday was Representative Kehoe, personal business, Larson, family business, Orange was changing a flat tire, Dillon, personal business, Bye, family business, Conway, personal business. Missing votes in legislative business outside the chamber for transcript notations, Representative Butler, Geragosian, Mioli, O'Connor, Perone, Ritter, Sharkey,

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does not look like Mr. Sobel's here. Okay.
Jeffrey Walter, Rushford. (Inaudible).

JEFFREY WALTER: Good afternoon. My name is Jeffrey Walter and I'm President and CEO of Rushford Center, a private, non-profit organization providing among other things residential treatment services for adolescent boys under contract with the Department of Children and Families. And I'm here to testify in favor of 6523, which is an act concerning licensure of the adolescent substance abuse treatment facilities.

This has to do with an issue of importance to a small number of organizations such as mine where a substance abuse treatment program is required to have licenses from two state departments, the Department of Public Health and the Department of Children and Families to operate the program. and the problem is that these two sets of licensure requirements have in some cases conflicting requirements that make it very difficult for programs to comply with both sets, create additional costs as well as in some case some operational difficulties, perhaps the most important -- critical one of import to the delivery of care has to do with medications.

The Department of Public Health requires that medications be either self-administered by the client or administered by a registered nurse. The Department of Children and Families provide -- does not allow for self-administration for probably obvious reasons when it comes to children but does provide for a certification of child care workers to administer medications to children and youth. DPH does not allow for certification -- does not recognize certification, so in that case -- in this case you can see how a program like ours is caught

in the middle between two conflicting sets of regulations.

So this bill would require that only one -- one licensure would be needed. In this case with this bill it would be DPH. I wanted to in my testimony go on the record as saying that my organization does not have a preference as to which state department licenses a program in this program but that the public policy should be that only one state department should license a particular program to avoid the kinds of conflicts that exist in this -- in the case of these programs. So I -- I would hope that the legislature might be able to solve that problem and I'd be happy to answer any questions you might have.

SENATOR DOYLE: Thank you. Representative Abercrombie.

REP. ABERCROMBIE: Thank you, Mr. Chair. Good morn -- good afternoon Jeff. Nice to see you. You said that there's different regs under the DPH and the DCF. If we -- if you do go under DPH some of the regs that are under DCF, are those regs that are important at this point to your program that we might have to find another vehicle for or are they just license regs?

JEFFREY WALTER: Well, that's an excellent question. Most of the licensure regulations in both DPH and particularly in DCF have to do with facility requirements and things like medications and so forth. We have -- because we're under a -- under contract for funding with DCF we have a whole other set of requirements that have to do with the actual delivery of care that we would continue to comply with.

So, the -- the -- I don't think that -- I mean I think the Department might see things differently. It certainly would be an important question to ask DCF as to whether they think anything would be lost in terms of oversight of our program if they weren't licensing this program. But for the most case -- most part we have facility types of requirements dictating licensure.

REP. ABERCROMBIE: So I think there's a conversation to be made with DCF just to make sure that we're not missing any steps if we do put the license under just DPH and make that the only one that you have to, you know adhere to. Right?

JEFFREY WALTER: Yes.

REP. ABERCROMBIE: Okay. Thank you. And thank you for your testimony.

JEFFREY WALTER: Thank you.

SENATOR DOYLE: Thank you. Any other questions? Seeing none, thank you. Next speaker is Raphael Rodriguez then Barry Simon then Alicia Woodsby.

RAFAEL RODRIGUEZ: Good afternoon.

SENATOR DOYLE: Good afternoon.

RAFAEL RODRIGUEZ: My name is Rafael Rodriguez. I'm an attorney with Greater Hartford Legal Aid and I've been working with representing low-income population in the county of Hartford for about 11 years. I have a number of -- two quick comments concerning Senate Bill 6543. Generally speaking we represent people, women and children seeking cases of -- cases of custodies and seeking child support. But here

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~~Testimony Before the Human Services Committee~~

March 3, 2009

Regarding

H.B. 6523

An Act Concerning Licensing of Adolescent Substance Abuse Treatment Facilities
Jeffrey Walter, President and CEO
Rushford Center Inc.

My name is Jeffrey Walter and I am President and CEO of Rushford Center, a private, non-profit organization providing residential treatment services to adolescent boys, under contract with the Dept. of Children and Families. I am here to testify in favor of HB 6523. By exempting certain residential programs from requiring a DCF license, this bill would eliminate dual licensure for a small number of residential facilities providing substance abuse services to adolescents in Connecticut.

The problem is that conflicting state law requires our program to hold both DPH and DCF licenses. The requirements of these two licensures are occasionally inconsistent. For example, DPH requires that all medications taken by residential clients either be administered by a registered nurse or be self-administered by the client. DCF does not allow self-administration but provides a certification for child care workers so that these staff can administer medications. DPH does recognize such certification.

This is an important, but not the only, area of conflict.

I would like to add that my organization does not favor licensure by one state department over the other. We do not want to create conflict between state agencies. Our position is simply that we want to be able to comply at all times with all state requirements under which we operate. Dual licensure makes such compliance difficult.

I thank you for your consideration of HB 6523.

Jeffrey Walter
Rushford Center Inc.
203-238-6803



Jeanne Milstein
Child Advocate

STATE OF CONNECTICUT

OFFICE OF THE CHILD ADVOCATE

999 Asylum Avenue, Hartford, Connecticut 06105

Testimony of Jeanne Milstein, Child Advocate
Human Services Committee

March 3, 2009

Senator Doyle, Representative Walker, and Members of the Human Services Committee. Thank you for the opportunity to testify about HB 6525, An Act Establishing a Task Force to Study Reorganization of the Department of Children and Families and to testify in opposition to HB 6523, An Act Concerning Licensing of Adolescent Substance Abuse Treatment Facilities..

The bill includes two charges for the task force. The first charge would be to evaluate the department's current policies, practices and procedures including whether DCF may suspend visitation prior to a court hearing. Connecticut General Statutes § 17a-10a currently requires that DCF ensure that any child in the care and custody of the department under an order of temporary custody or an order of commitment is "provided visitation with such child's parents and siblings, unless otherwise ordered by the court." In my view, this language already requires that DCF seek a court order prior to suspending visitation and is the appropriate policy. If the committee's goal is to ensure that visits are not suspended without a court hearing, I would suggest consideration of modification of section 17a-10a of the General Statutes to clarify that such a hearing is required, rather than charging a task force to review the issue.

The second charge of the task force would be to consider changes in the structure of DCF. As I testified at the investigative hearings regarding DCF in October and November, I believe DCF is an agency in peril. I agree that bold action must be taken. I would urge you, however, to move beyond the idea of structural change of the Department and look at whether DCF has the right people with the right skills in the right positions to effect badly needed fundamental change. *HB6420*

There are pockets of progress at DCF. Much of this progress, however, has occurred in the context of a crisis or in response to external pressure, rather than as a result of ongoing systematic efforts of self-evaluation and improvement. For example, much of the progress made over the last decade has been in response to the constant scrutiny of the Juan F. Consent Decree and Exit Plan. Last summer, DCF was on the brink of federal receivership because of sustained noncompliance with the Juan F. outcome measures. Only under the threat of receivership did DCF decide to conduct a high level review of all children with no hope of ever living with a family [those with a permanency goal of Another Planned Permanent Living Arrangement (APPLA)] or to finally release a plan to recruit and retain the necessary pool of foster homes. Only under pressure from OCA did DCF close Lake Grove last fall, despite nearly a decade of persistent and known concerns about the health, safety, and well-being of children placed at the facility. And most recently, only in response to the tragic death of Michael B. did DCF take action to stop the practice of keeping paper files on DCF employees accused of abuse rather than entering those cases into the DCF database as required in every other case.

I am gravely concerned about the chronic and substantially similar patterns of deficient leadership and management, inadequate oversight, and poor long-term planning for individual children and for all children and families served by DCF found in investigations and evaluations

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by my office and numerous others including the Office of the Attorney General, and the Legislative Program Review and Investigations Committee.

I am equally troubled by the persistent slow pace of implementation of much needed change. During my tenure as Child Advocate, I investigated the harmful conditions for children at Haddam Hills, the Connecticut Juvenile Training School (CJTS), Riverview Hospital, and more recently at Lake Grove and Stonington Institute, and found that DCF was often aware of these conditions and failed to act to protect children. These investigations reveal repetitive and similar problems and inadequate response. They also confirm that many of the people in leadership positions at DCF during these crises continue to guide the agency in leadership positions today. After seventeen years under the Juan F. Consent Decree, the 2008 CFSR preliminary findings still rate DCF significantly below national standards for permanency outcomes and raise significant concerns about work quality being driven by individual staff rather than an agency-wide practice model.

During the past two years, OCA has raised concerns about DCF's process related to the implementation of a statewide Differential Response System (DRS) in 2009. DCF initiated its most recent effort in 2006 without a careful look at the reasons for the failure of its citywide DRS pilot in 2003. In 2004, evaluators concluded that the pilot failed and cited changes in leadership related to reorganization at DCF, the lack of clear accountability mechanisms, and inadequate involvement and commitment of community-based providers as reasons contributing to failure. These factors continue to exist today as DCF moves forward with a statewide DRS initiative.

In the three years since DCF's own consultants cited an urgent and compelling need to create a continuum of services for girls, the most tangible girls initiative is a plan for an 18-bed secure facility for delinquent adolescent girls. Almost no planning has gone into developing the continuum of services that is so desperately needed and recommended by numerous experts and stakeholders. Last summer, my office released a report revealing the child welfare to prison pipeline. Over a two year period, 325 girls under age eighteen were admitted to Connecticut's maximum-security prison for adult women. Our investigation found that over 90% of these girls had either current or historical involvement with DCF, a significant number with DCF cases that had been closed within the year prior to incarceration. And nearly 98% of these girls entered and remained in adult prison without ever being convicted of a crime. My staff also discovered that DCF has been noncompliant with its own policies related to incarcerated girls and its memorandum of understanding with the Department of Correction. While Commissioner Lantz promptly responded and sent a detailed action plan for the Department of Correction, DCF's response has been unsatisfactory.

For all of these reasons, I believe that today's DCF is an agency in peril. It has suffered from a chronic lack of effective leadership and management, at all levels and across all bureaus. Until this deficiency is corrected, DCF will continue to struggle to meet the needs of children and families and those children and families will suffer the consequences.

I have great concerns, however, about the bill as written and recommend today, as I did during the investigative hearings in October and November, that the legislature conduct a broad and

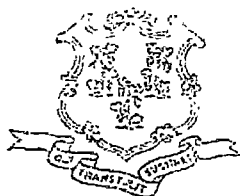
deep leadership audit rather than focusing on structural change. I see no reason to believe that structural change alone, including removal of certain statutory mandates, can transform ineffective managers into effective leaders that can execute and sustain fundamental change in outcomes for our children. If anything, separately housing the programs and services needed to assess and address the needs of a "whole" child requires an even greater confidence in leadership talent to communicate and collaborate across state agencies. A leadership audit, as outlined in HB 6420, An Act Concerning a Leadership Audit of the Department of Children and Families, would be a focused look at leadership at all levels to ensure that the agency has the right people with the right skills in the right places to bring about the kind of fundamental change that is needed. Rather than focusing on structure, it would focus on making sure those in charge have the skills, training, experience, and talent to get the job done. This kind of analysis of DCF has never been done and I believe it is the critical next step and the most effective action that we can take to address the agency's long-standing pattern of failure.

I oppose HB 6523, An Act Concerning Licensing of Adolescent Substance Abuse Treatment Facilities. Currently, substance abuse treatment facilities for children and youth are dually licensed, both by the DCF and the Department of Public Health (DPH). This bill as written would exempt such facilities from licensure by DCF but does nothing to transfer the licensing responsibilities currently administered by DCF from DCF to DPH. Given that the present DPH licensing role is very narrow, the bill as written would leave significant gaps in licensing and oversight, placing children at risk of harm.

In the course of more than one investigation conducted by my office, we have learned that DPH facilities inspectors take a very narrow view of DPH's licensing responsibilities. Our investigation of Stonington Institute is demonstrative. Our investigation revealed serious concerns, including lack of adequate medical care and involuntary intramuscular injections of medication. While DPH took action with regard to some violations, DPH facilities inspectors viewed DPH's role as limited to substance abuse treatment only. This is significant because substance abuse facilities for children and youth necessarily include components not involving substance abuse treatment as defined by DPH. It is not wise or good policy to remove the present DCF licensing authority without transferring it to another agency. Given the potential risk of harm to children, I oppose HB 6523.

I would encourage, however, a deeper look at licensing of programs and facilities that provide care and treatment to children. Providers find that they often must obtain a license from more than one agency. Multiple inspectors from different agencies inspect the facilities. Communication between the various inspectors is lacking and inspectors from one agency often presume that inspectors from a different agency are responding to inadequacies outside of their purview. Some inspectors do not have appropriate training, skills, or experience. I would encourage you to consider methods to improve the quality of licensing and oversight; identify areas of overlap and methods to increase efficiency in the licensing process, both from an administrative and provider point of view; and ensure that those charged with licensing have appropriate expertise. I would be happy to work with the Committee on such an endeavor.

Thank you.



STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES
PUBLIC HEARING TESTIMONY

HUMAN SERVICES COMMITTEE
MARCH 3, 2009

**S.B. No. 843 AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET
RECOMMENDATIONS CONCERNING SOCIAL SERVICES**

The Department of Children and Families **supports** S.B. No. 843 AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS CONCERNING SOCIAL SERVICES. This bill makes a number of changes to implement the Governor's budget, including a statutory change in section 3 of the bill to reflect the proposed closure of High Meadows, a DCF-operated residential facility in Hamden.

High Meadows currently serves 36 children and is the oldest and smallest of the four DCF facilities. Approximately 20 of the 36 are individuals with developmental disabilities and the staff at High Meadows do an outstanding job in meeting their needs. However, over the last several years, the Department has moved to serve children in their communities rather than in large congregate settings and we have been successful in greatly reducing the number of children who require residential treatment. We anticipate that the downward trend in residential census will continue and we believe that the reduction in utilization is appropriate and will result in better outcomes for the children we serve. The move to close High Meadows is consistent with this trend.

The closure of the facility will result in an annual operating savings of \$6 million and a significant cost avoidance of \$11.8 million in capital improvements.

**H.B. No. 6523 (RAISED) AN ACT CONCERNING LICENSING OF ADOLESCENT
SUBSTANCE ABUSE TREATMENT FACILITIES**

The Department of Children and Families **offers the following comments** regarding H.B. No. 6523 AN ACT CONCERNING LICENSING OF ADOLESCENT SUBSTANCE ABUSE TREATMENT FACILITIES.

This bill would amend section 17a-145 of the general statutes to exempt those residential substance abuse treatment facilities that are licensed by the Department of Public Health (DPH) from also being licensed by DCF. Currently, four facilities: the Children's Center of Hamden; Midwestern CT Council on Alcoholism, Inc.; New Hope Manor, Inc.; and Rushford Center, Inc., are dually licensed.

We recognize that potential conflict issues regarding state agencies' licensure role and function have arisen in recent years, and that during these difficult economic times the Legislature is

HB10525

SB888

SB879

HB1049

HB10420

HB10420

HB10352

naturally interested in evaluating any potential redundancies in state agency regulatory activities. We are happy to work with members of the committee and DPH on making the best choices regarding the licensing of these and other programs and services that serve children.

Please note that bill has an incorrect reference to the DPH licensure statute. The correct reference is section 19a-490, not section 19a-491.

H.B. No. 6525 (RAISED) AN ACT ESTABLISHING A TASK FORCE TO STUDY THE REORGANIZATION OF THE DEPARTMENT OF CHILDREN AND FAMILIES

The Department of Children and Families offers the following comments regarding H.B. No. 6525 AN ACT ESTABLISHING A TASK FORCE TO STUDY THE REORGANIZATION OF THE DEPARTMENT OF CHILDREN AND FAMILIES.

This bill would established a task force to study the Department of Children and Families, including: (1) an evaluation of the department's policies, practices and procedures, including, but not limited to, whether the Commissioner of Children and Families may suspend a child's visitation with his or her parent before an evidentiary hearing has occurred on the issue of visitation; and (2) consideration possible changes in the structure and organization of the department, including whether any functions of the department should be transferred to other departments or agencies.

We understand that this bill is likely intended to serve as a vehicle to address issues raised during the joint hearings of the Select Committee on Children and the Human Services Committee last fall. There are a number of similar bills before the Select Committee on Children, including: S.B. No. 878 An Act Concerning the Prevention Role of the Department of Children and Families; S.B. No. 879 An Act Concerning Oversight and Reorganization of the Department of Children and Families; H.B. No. 6419 An Act Concerning Transparency and Accountability of the Department of Children and Families; H.B. No. 6420 An Act Concerning a Leadership Audit of the Department of Children and Families. There is also H.B. No. 6352 An Act Concerning Oversight of the Department of Children and Families, which was heard by the Human Services Committee on February 10th and remains before your committee.

The Department appreciates many of the concerns raised by Committee members and looks forward to working collaboratively to achieve consensus on a number of issues. We have already reached out to the leadership of both committees and welcome the continued dialogue.

We recognize that the task force membership in these bills may just serve as a "placeholder," but we believe that if you are to establish a task force or multiple task forces, that they should include individuals with expertise in the subject area and should include both executive and legislative branch appointments.

As you consider the establishment of a new task force, we would also point out that over the past three decades, there have been at least 11 studies conducted by either the Legislative Program Review and Investigations Committee or management consultants regarding the Department of