

# Connecticut State Agencies Response Hoarding

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5/16/2017

This document outlines the resources that Connecticut State Agencies have available for a state-wide response of hoarding.

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## Connecticut Department of Children and Families (DCF):

*The mission of the Department of Children and Families is to protect children, improve child and family well-being and support and preserve families. These efforts are accomplished by respecting and working within individual cultures and communities in Connecticut, and in partnership with others.*

### DCF Strengthening Families Practice Model

The goal of the Practice Model is to provide a framework for how the agency as a whole will work internally and partner with families, service providers, and others to put our mission and guiding principles into action in daily practice and operations. At its core, the model is the description of what we do, how we do it, why we do it and what outcomes we hope to achieve for children and families.

The Department's model of practice is one of direct intervention based upon engagement and assessment. The model emphasizes case supervision which includes administrative, educational and supportive components as one of its primary strategies to improve practice.

Connecticut's Practice Model is implemented through seven core strategies:

- Family Engagement
- Purposeful Visitation
- Family Centered Assessments
- Supervision and Management
- Initial and Ongoing Assessments of Safety and Risk
- Effective Case Planning
- Individualizing Services

The model is grounded in beliefs about how the Department and its partners should work with children and families. These include:

- First and foremost, child safety is assured by all staff.
- Children do best when living safely at home with their family of origin.
- The interactions and resulting relationships of staff with children, parents, family members and foster parents have substantial consequences on the outcomes of our interventions. These interactions must take place with full respect for the individuals, with sensitivity to their perspectives, experiences and culture.
- Safety, permanency and well-being are achieved and considered for all children regardless of how they became involved with the Department.
- To achieve safety, permanency, and well-being of children, the Department must work collaboratively and effectively internally, and with the child's and family's community. This community includes the child and the extended family as well as private service providers, educators, and other public agencies.
- When living at home with a parent is not reasonably safe, the best alternative is to live in the home of another family member that can provide a safe and nurturing home.
- If no family member can provide a suitably safe home that meets the child's needs, the child should receive care and services in an appropriate and safe setting until timely permanency can be achieved, including reunification, subsidized guardianship and adoption.

- Services should be individualized and must be based on a full assessment of the strengths and needs of children and families. This assessment must be made together with family members and age-appropriate children. A full assessment is inclusive of safety, risk, domestic violence, substance abuse, criminogenic needs, medical, dental, educational and behavioral health needs.
- The goal of these individualized services is to enable the child to do well and thrive living in the family home of a parent, family member or another permanent family.

### **Regulations & Statutes**

State Statutes Impacting DCF: <http://www.cga.ct.gov/>

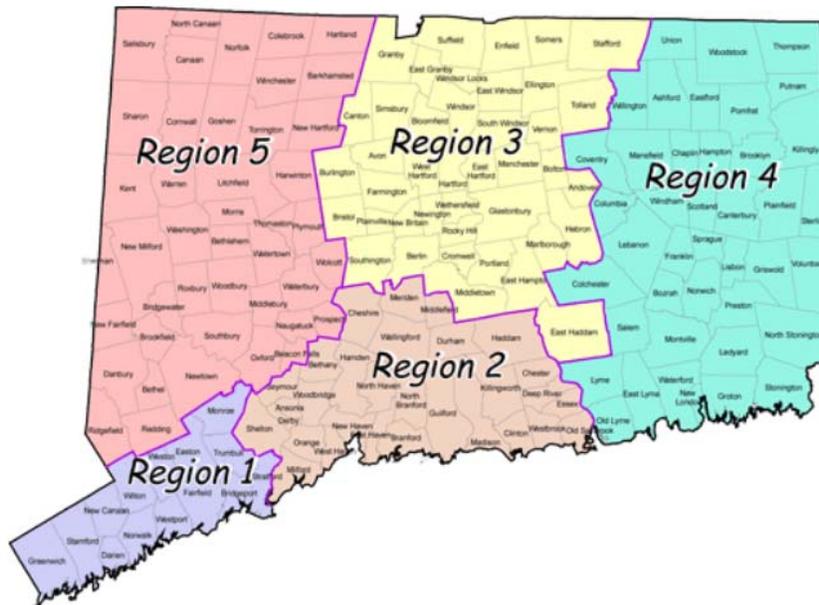
Agency Regulations: <http://www.ct.gov/dcf/cwp/view.asp?a=2639&q=327812>

**If you suspect child abuse or neglect please call the DCF Careline at 800-842-2288**

## Connecticut Department of Emergency Services and Public Protection (DESPP)/Division of Emergency Management and Homeland Security (DEMHS):

- Local fire marshal will reach out to the CT State Police's fire and explosion investigation unit for assistance. The members are trained fire code officials.
- DEMHS has five regions (see appendices) each with a designated State Animal Response Team (SART).
  - This is a volunteer group that may assist with transport of large amounts of animals.
  - For a small number of animals being transported cages can be borrowed.
  - Each region has cages stored in trailers. The number of cages varies by region.
- The Regional Coordinator would attempt to connect the agency to the correct person by making referrals to other agencies
- Community Emergency Response Teams (CERT) may be called upon (see appendices).
  - CERTs are volunteer groups in 83 CT towns. It varies in how they are used.
  - More information can be found on the DEMHS website:  
[www.ct.gov/demhs/cwp/view.asp?a=2610&q=527962](http://www.ct.gov/demhs/cwp/view.asp?a=2610&q=527962)

### DEMHS Regions:



Effective as of March 22, 2006

Retrieved from the DEHMS website: [www.ct.gov/demhs/cwp/view.asp?a=1903&q=295316](http://www.ct.gov/demhs/cwp/view.asp?a=1903&q=295316)

## Connecticut Department of Mental Health and Addiction Services (DMHAS):

DMHAS services for people with chronic and severe mental illness can be accessed in a variety of ways. Many individuals, however, can be served in private, community based settings for their mental health needs. There is a continuum of care which offers support at varying levels of intensity based on what an individual may be experiencing. An assessment by a Clinician is the best way to explore these options and to develop a plan that incorporates assessed clinical needs and the individual's goals. Below are some ways that DMHAS may be helpful in a hoarding situation:

**Community Services** – There are a number of DMHAS designated Local Mental Health Authorities (LMHA) throughout the state; a complete list can be found on the DMHAS website at <http://www.ct.gov/dmhas/cwp/view.asp?q=335194>. The target population of DMHAS is individuals with SMI or Severe Mental Illness, such as schizophrenia, schizoaffective disorder or bi-polar illness who receive Medicaid benefits. DMHAS also provides limited funding to private, non-profit agencies who work with individuals with a variety of mental health and substance use issues. Individuals may find it helpful to contact their insurance company to find out what services may be covered within their benefit package. Those with Husky insurance or Medicaid can contact Beacon Health Options at 877-552-8247 or [www.ctbhp.com](http://www.ctbhp.com).

As a general rule, mental health services are voluntary. An individual needs to be receptive to help and an active part of the recovery process in order for it to be effective and create change. This can be frustrating for people in the person's life who recognize the issue and especially true for hoarding cases. Often family members, friends and even helping professionals are ready to make change before the individual is ready to seek or accept help. In some cases it may be beneficial for concerned family and friends to seek personal support for themselves around this challenging issue.

**Crisis situation** – Each LMHA has a crisis team. These teams are available to assess individuals for risk factors and to make recommendations of what might be helpful to a person in some form of distress. If the person is deemed to be at significant "risk", the team may send the person to the hospital for further psychiatric evaluation. In some cases, if the person is unwilling to go to the hospital but it is believed that they are at risk to himself/herself or others, a Physician Emergency Certificate or PEC may be necessary. There are specific criteria that warrant this type of action. There must be either substantial risk for physically harm to oneself or someone else or the person is deemed to be "gravely disabled" This means that the individual is at risk for serious harm because of not being able to provide for their basic needs such as food, clothing, shelter or safety due to a mental illness. Even in these cases, it is important to remember that inpatient hospitalization will likely be short term.

If the assessment team feels that the person is safe to remain in the community they can offer resources and referrals to help connect them to services.

## Connecticut Department of Social Services (DSS) Elderly Protective Services:

The Department of Social Services (DSS) delivers and funds a wide range of programs and services as Connecticut's multi-faceted health and human services agency. At DSS, the Social Work Division administers the Protective Service for the Elderly program (PSE).

The PSE program is designed to safeguard people 60 years and older from physical, mental and emotional abuse, neglect (including self-neglect), abandonment and/or financial abuse and exploitation.

### Definitions of Abuse:

Pursuant to the Connecticut General Statutes (C.G.S. § 17b-450), CT Protective Services for the Elderly, investigates the following types of maltreatment of elders:

**Abuse:** includes but is not limited to, the willful infliction of physical pain, injury or mental anguish, or the willful deprivation by a caregiver of services which are necessary to maintain physical and mental health. This includes: physical, sexual and emotional abuse.

**Neglect:** refers to the failure or inability of an elderly person to provide for himself or herself the services which are necessary to maintain physical and mental health or the failure to provide or arrange for provision of such necessary services by a caregiver.

**Exploitation:** refers to the act or process of taking advantage of an elderly person by another person or caregiver whether for monetary, personal or other benefit, gain or profit.

**Abandonment:** refers to the desertion or willful forsaking of an elderly person by a caregiver or the foregoing of duties or the withdrawal or neglect of duties and obligations owed an elderly person by a caregiver or other person.

### Reporting Cases of Suspected Abuse, Neglect or Exploitation:

Any person who has reasonable cause to believe that an elder needs protective service may report the concern by calling the **Statewide PSE Hotline at 1-888-385-4225**, during the weekdays of 8:00 to 4:30 pm. After business hours or on weekends or state holidays, please call Infoline at **2-1-1**. If you are calling from outside Connecticut, call Infoline 24/7 at **1-800-203-1234**.

## The Process:

Protective Services for the Elderly cases are managed in the following phases:

**Screening:** The Centralize Intake social workers determine whether the referral meets the criteria for investigation by collecting and documenting information. Accepted cases are assigned to the regional office social workers for investigations.

**Investigation:** The PSE worker must acquire and analyze information to determine whether an elder has been abused, neglected, or exploited and is in need of protective services or other services offered by the Department or the community.

**Assessment:** The goal of the initial visit is to assess the elder's risk, need for assistance, the immediacy of that need, the availability of resources to assist the elder and the ability (capacity) and willingness of the elder to accept assistance. Ultimately, this visit sets the tone for working with and advocating for the elder to help him/her to achieve his/her desired outcomes.

**Intervention:** The development of the case plan involves reaching an agreement with the elder and with formal and informal community resources regarding a specific, time-limited plan for addressing his or her needs and for utilizing available resources in order to eliminate or mitigate the risk to the elder of abuse, neglect, or exploitation. The plan should include initial linkages with community supports and ongoing contacts to assess service delivery and make appropriate modifications to the plan. The details in the service plan will vary according to the individual's situation and will be based on the investigative findings, the assessment, and the adult's preferences.

**PSE Guiding Principles:** The PSE Program seeks to help vulnerable elders to prevent injury, maintain health and preserve their legal rights. Within this context, the program promotes values that respect elders' rights to self-determination, dignity, confidentiality, and independence. This includes the right of competent elders to refuse services and make their own decisions. Service interventions are meant to support elders in the least restrictive environment, facilitate informed decision making, and utilize family and community resources.

## **Connecticut Department of Public Health (DPH):**

The DPH offers support to local health department/districts (LHD) through the Connecticut General Statutes (CGS) and the Connecticut Public Health Code (PHC). Each applicable section of the CGS and PHC (see appendices) provides information needed for the: (1) property owner to understand his/her responsibility to provide a safe and healthy home for their tenants, (2) tenants to understand their responsibility to keep the home safe and sanitary, and (3) LHD to take action if a residence is determined to be found to endanger the life or health of persons living in the vicinity.

## **Division of Criminal Justice, Office of the Chief State's Attorney – Statewide Housing**

The Division of Criminal Justice is responsible for the prosecution of criminal housing matters through the Supervisory Assistant State's Attorney for Housing Matters in the Office of the Chief State's Attorney and prosecutors assigned to the Superior Court housing sessions statewide. Housing prosecutors are committed to the maintenance of decent, safe and sanitary housing, handling cases from investigation through criminal trial.

In cases of severe hoarding, housing prosecutors assist state and local health and safety officials in the proper response and enforcement when hoarding conditions endanger health or safety in violation of CT law. It is the overall policy goal of housing prosecution to promote uniform, full and effective enforcement of state and local building, fire, health and housing laws for the overall health and safety of the people of CT.

Housing prosecutors are certified Connecticut police instructors on landlord/tenant criminal disputes. They also routinely provide instruction on enforcement in housing matters to fire marshals, building officials, health officials and other public safety officials.

State law (Connecticut General Statutes section 51-286b) states that the prosecuting attorney assigned to handle housing matters may initiate prosecutions for violations of any state or municipal housing or health law, code or ordinance either upon the affidavit of an individual complainant or upon complaint from a state or municipal agency responsible for the enforcement of any law, code or ordinance concerning housing matters.

A listing of Housing Court Prosecutors can be found in the appendices.

# Appendices

DCF Regional Offices:

OFFICE / ADDRESS	MAIN PHONE/FAX/TDD	OFFICE / ADDRESS	MAIN PHONE/FAX/TDD
<b>Central Office</b> 505 Hudson Street Hartford, CT 06106	Main: 860-550-6300	<b>Milford</b> 38 Wellington Road Milford, CT 06461	Main: 203-306-5300 TDD: 203-306-5604 Fax: 203-777-4358
<b>Central Office Satellite</b> 55 West Main Street, Meriden, CT 06451	Main: 203-427-2829 Fax: 203-427-2818	<b>New Britain</b> One Grove Street, 4th Floor New Britain, CT 06053	Main: 860-832-5200 TDD: 860-832-5370 Fax: 860-832-5318
<b>Bridgeport</b> 100 Fairfield Avenue Bridgeport, CT 06604	Main: 203-384-5300 TDD: 203-384-5399 Fax: 203-384-5307	<b>New Haven</b> Long Wharf Drive New Haven, CT 06511	Main: 203-786-0500 TDD: 203-786-2599 Fax: 203-786-7457
<b>Danbury</b> 131 West Street Danbury, CT 06810	Main: 203-207-5100 TDD: 203-748-8325 Fax: 203-207-5170	<b>Norwalk</b> 761 Main Avenue I--Park Complex Norwalk, CT 06851	Main: 203-899-1400 TDD: 203-899-1491 Fax: 203-853-3821
<b>Hartford</b> 250 Hamilton Street Hartford, CT 06106	Main: 860-418-8000 TDD: 800-315-4082 TDD: 860-418-8366 Fax: 860-418-8327	<b>Norwich</b> Two Courthouse Square Norwich, CT 06360	Main: 860-886-2641 TDD: 860-885-2438 Fax: 860-885-1300
<b>Manchester</b> 364 West Middle Turnpike Manchester, CT 06040	Main: 860-533-3600 TDD: 800-315-4415 TDD: 860-533-3896 Fax: 860-533-3750	<b>Torrington</b> 62 Commercial Boulevard Torrington, CT 06790	Main: 860-496-5700 TDD: 860-496-5798 Fax: 860-496-5746
<b>Meriden</b> One West Main Street Meriden, CT 06451	Main: 203-238-8400 TDD: 203-238-8517 Fax: 203-238-6287	<b>Waterbury</b> 395 West Main Street Waterbury, CT 06702	Main: 203-759-7000 TDD: 203-465-7329 Fax: 203-759-7296
<b>Middletown</b> 2081 South Main Street, Suite A, Middletown, CT 06457	Main: 860-638-2100 TDD: 860-638-2195 Fax: 860-346-2585	<b>Willimantic</b> 322 Main Street Willimantic, CT 06226	Main: 860-450-2000 TDD: 860-456-6603 Fax: 860-423-5034

Retrieved from the DCF website on 2/23/17:

<http://www.ct.gov/dcf/cwp/view.asp?a=2534&Q=544004>

Visit the DCF website to determine which DCF Office is Responsible for a Specific Town, Hamlet or Village in Connecticut: [www.ct.gov/dcf/cwp/view.asp?a=2534&Q=551280](http://www.ct.gov/dcf/cwp/view.asp?a=2534&Q=551280)

## DCF Practice Principles



### **Family Engagement**

Family engagement is a process that serves as the foundation of the DCF Practice Model. Family engagement begins with the very first contact the Department, its partners and service providers have with a family. A critical component of family engagement is an effort to establish a working partnership with the family in achieving goals and objectives that have been developed together with the family, the child (when age and developmentally appropriate) and service providers. Family Conferencing and Child & Family Teams serve as vehicles for case planning, identifying resources, and problem-solving with the family. In order to ensure effective family engagement, we work to identify, locate and involve children's relatives, including those of non-custodial parents. This engagement also extends to natural community supports such as former foster parents, coaches, mentors, teachers, and neighbors. If a parent is whereabouts unknown, we make ongoing diligent efforts to identify, locate and involve them. If children are in the Department's care, birth parents should be partnering with foster parents in caring for their children and are involved in activities such as medical appointment and extracurricular activities. In cases where the Department only has physical custody of a child due to a delinquency commitment, we should work with the family to ensure they take a key role in the case planning and supervision of the child.

### **Purposeful Visitation**

Every interaction with a child and family should be purposeful and derive from the case plan. This includes visitation and service delivery within child welfare, intervention and case coordination within behavioral health, and supervision and care planning that occurs within the juvenile justice system.

In child welfare and parole services, effective visitation is a primary vehicle for achieving case goals and meeting children's and families' needs. The goals of visits with children and families are to establish a mechanism for ongoing communication between the social worker/parole officer and the family, to give focus to the case plan and discuss progress of service interventions toward meeting the goals, and to create accountability for both the Department and the family in assuring the safety, permanency, and well-being of the children and community safety.

Visits should be scheduled to meet the Department's standards for frequency and the needs of children and families. They should primarily be held in the family home (biological and foster) by the assigned social worker/parole officer and at times convenient for children and both biological and foster parents. Visits should be planned in advance, with issues noted for exploration and goals established for the time spent together. Social workers and parole officers should individualize their visits by providing separate

time for discussions with children and parents. This provides the opportunity to privately share their experiences and concerns and to ensure that domestic violence or other issues that might not be disclosed when other family members are present are identified and addressed, as needed. All children in the home should be seen during visits, regardless of the reason for the Department's involvement with a family.

### **Family Centered Assessments**

Family Centered Assessment (FCA) is the ongoing and continuous process for gathering, organizing, and analyzing information for the purpose of informed decision-making and service planning concerning the safety, permanency, and well-being of children, youth, and families. Beyond an assessment of safety, risk and the circumstances leading to agency involvement, the FCA includes a broader focus on the strengths and needs of all individual family members along with underlying conditions affecting the family. The FCA includes assessments of safety, risk, domestic violence, substance abuse, medical, dental, educational, psychosocial functioning, behavioral health needs and criminogenic needs. It also includes an assessment of the family's strengths, protective factors and natural supports. The FCA helps guide the Department's case planning and service delivery process. As such, the process is implemented in all types of care across all settings. It is clearly documented in the record and serves as the foundation for our understanding of the family's strengths and needs. Collaboration with key professionals, both internal consultants and external service providers, throughout the process is critical to a full assessment. The Family Centered Assessment may take different forms depending on the family's involvement with the Department, such as the ConnCAP in Parole Services, but the principles of family centered assessment apply in all case situations.

## **Initial and Ongoing Assessments of Safety and Risk**

Safety and risk assessments are designed to help children remain safely at home whenever possible and appropriate and to inform interventions that maximize functioning and well-being. Assuring child safety begins with the first contact with DCF and continues throughout the family's involvement with the Department and community partners. Assessments inform the development of safety plans, as well as case plans. Safety and risk assessment is the responsibility of staff in Child Welfare, Juvenile Services, and Behavioral Health regardless of the reason for the family's involvement with the Department. Assessments of safety and risk are applicable for all children within a home regardless of how the family is involved with DCF. In cases where Structured Decision Making (SDM) tools are not required, the SDM concepts for how to assess for safety and risk are applied through other formal and informal assessments. Ongoing assessments of community safety must also be considered when the child's needs and behaviors pose a danger to the community.

## **Effective Case Planning**

Case planning is the process of engaging, collaborating and working with families to assess and address their needs in order to preserve their family unit, protect their children from harm and improve their well-being. All families have strengths and the goal is to build on these strengths in order to meet their needs. Family involvement and self-determination in the planning and service delivery process is critical. Reasonable efforts shall be made to engage all family members, both maternal and paternal, regardless of household composition, during case plan development, Administrative Case Reviews, Treatment Plan Reviews and other meetings.

The case plan should be developed using information from safety/risk assessments, family centered assessments, and appropriate input from internal consultants and service providers. Care should be individualized to meet the specific needs of the child and family. Effective case planning principles apply in all circumstances regardless of how a child or family becomes involved with the Department. When a family or child is receiving services from another agency or service provider, the Department will communicate and collaborate with that external partner to ensure the case plan and other service plans complement each other.

Every child is entitled to a safe and permanent home. In order to assure this, decisions should be made in a timely manner and must be based on information gathered from comprehensive strengths and needs assessments, reflect the developmental and psychosocial needs of the child, the cognitive abilities of the parents and the child's legal status and circumstances. Decisions should be made with parental and age-appropriate child input. Major decision points should address safety and risk concerns, appropriate placement decisions, establishment and review of permanency goals, linking services to needs, child and family functioning and well-being, community safety, the goals and preferences of the child and family members, and case closure.

## **Individualizing Services**

Individualizing services is an important strategy for meeting the unique needs of children and families. Services should be designed and delivered pursuant to a Comprehensive Family Assessment of children's and parents' strengths and needs, within the framework of the legal requirements for each case. Children and families are treated as partners to ensure joint decision making about which services can best meet their needs, how those services are delivered, who delivers the services, when they are delivered and that they take the family's cultural background into account.

Systems of Care principles are central in emphasizing services that are comprehensive and incorporate a broad array of supports that are individualized to meet the specific needs of the children and families. An important aspect of individualizing services is ensuring that if children come into DCF care they are placed in the most appropriate, least restrictive setting to meet their needs. Placements should close to their community of origin and support the child's culture.

Whenever possible, programs and interventions should be evidence-based and proven effective for the problem or condition that is the focus of care. In the absence of an appropriate evidence-based practice, efforts should be made to develop and/or incorporate promising and best practices. The use of natural supports that are available within the child's neighborhood and community should be encouraged to promote sustainability of improvements and family self-sufficiency. When existing contracted services are not available to meet the needs of our clients, wrap-around funding should be used to secure appropriate services. The service plan for children and families should be reviewed on an ongoing basis to ensure they are achieving the desired outcomes.

## **Regulations & Statutes**

State Statutes Impacting DCF: <http://www.cga.ct.gov/>

Agency Regulations: <http://www.ct.gov/dcf/cwp/view.asp?a=2639&q=327812>

DEMHS Region Offices & Towns:

Robert Kenny	John Field	Covered by other Region Coordinators	Michael Caplet	Thomas Vannini
Region 1 Coordinator	Region 2 Coordinator	Region 3 Coordinator	Region 4 Coordinator	Region 5 Coordinator
149 Prospect St Bridgeport 06601	1111 CountryClub Rd Middletown 06457	360 Broad St Hartford 06105	15-B Old Hartford Rd Colchester 06415	55 West Main St, 3 <sup>rd</sup> Fl Waterbury 06702
Phone 203-696-2640	860-685-8105	860-529-6893	860-465-5460	203-591-3500
Fax 203-334-1560	860-685-8366	860-257-4621	860-465-5464	203-591-3529
Brenda Thibodeau Secretary	Natalie Simoneau Secretary	Natalie Simoneau Secretary	Darlene Richards Secretary	Taffie Dudley Secretary
			Gary Ruggiero Trainer	Tom Romano, Trainer
Chris Ackley Planner	Tom Lenart Planner	Vacant Planner	Carla Iezzi Planner	Henry Paszczuk Planner
Region 1 <i>Towns in Region</i> (14)	Region 2 (30)	Region 3 (41)	Region 4 (44)	Region 5 (43)
Bridgeport	Ansonia	Andover	Ashford	Barkhamsted
Darien	Bethany	Avon	Bozrah	Beacon Falls
Easton	Branford	Berlin	Brooklyn	Bethel
Fairfield	Cheshire	Bloomfield	Canterbury	Bethlehem
Greenwich	Chester	Bolton	Chaplin	Bridgewater
Monroe	Clinton	Bristol	Colchester	Brookfield
New Canaan	Deep River	Burlington	Columbia	Canaan
Norwalk	Derby	Canton	Coventry	Colebrook
Stamford	Durham	Cromwell	East Lyme	Cornwall
Stratford	East Haven	East Granby	Eastford	Danbury
Trumbull	Essex	East Haddam	Franklin	Goshen
Weston	Guilford	East Hampton	Griswold	Hartland
Westport	Haddam	East Hartford	Groton City	Harwinton
Wilton	Hamden	East Windsor	Groton Town	Kent
	Killingworth	Ellington	Hampton	Litchfield
	Madison	Enfield	Killingly	Middlebury
	Meriden	Farmington	Lebanon	Morris

	Middlefield	Glastonbury	Ledyard	Naugatuck
	Milford	Granby	Lisbon	New Fairfield
	New Haven	Hartford	Lyme	New Hartford
	North Branford	Hebron	Mansfield	New Milford
	North Haven	Manchester	Mashantucket Pequot	Newtown
	Old Saybrook	Marlborough	Mohegan Tribal Nation	Norfolk
	Orange	Middletown	Montville	North Canaan
	Seymour	New Britain	New London	Oxford
	Shelton	Newington	North Stonington	Plymouth
	Wallingford	Plainville	Norwich	Prospect
	West Haven	Portland	Old Lyme	Redding
	Westbrook	Rocky Hill	Plainfield	Ridgefield
	Woodbridge	Simsbury	Pomfret	Roxbury
		Somers	Preston	Salisbury
		South Windsor	Putnam	Sharon
		Southington	Salem	Sherman
		Stafford	Scotland	Southbury
		Suffield	Sprague	Thomaston
		Tolland	Sterling	Torrington
		Vernon	Stonington	Warren
		West Hartford	Thompson	Washington
		Wethersfield	Union	Waterbury
		Windsor	Voluntown	Watertown
		Windsor Locks	Waterford	Winchester
			Willington	Wolcott
			Windham	Woodbury
			Woodstock	

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[www.ct.gov/demhs/cwp/view.asp?a=3973&q=467626](http://www.ct.gov/demhs/cwp/view.asp?a=3973&q=467626)

Community Emergency Response Teams:

## State of Connecticut



### ***Connecticut Statewide Citizen Corps Council Advisory Committee***

83 Certified CERT teams & 1 Fire Corps Unit  
(effective 4 June 2014)

**DEMHS Region 1** – Bridgeport; CTSART; Fairfield; Greenwich; Monroe; New Canaan; Stamford; Stratford; Weston; Westport; and Wilton (11)

**DEMHS Region 2** - Ansonia; Bethany; Branford; CTSART; Durham; East Haven; Hamden; Killingworth/VSEMA; Milford; New Haven; Orange; Seymour; University of New Haven; West Haven (14)

**DEMHS Region 3** - Andover; Avon Fire Corps; Bolton; Bristol; Burlington; Canton; CTSART; East Haddam; East Hartford; East Hampton; Ellington; Enfield; ESPN; Farmington; Granby; Hartford; Manchester; Middletown; New Britain; Newington; Portland; RHAM Video Unit - Somers; South Windsor; Southington; Stafford; Vernon; Wesleyan Univ; West Hartford and Windsor Locks (30)

**DEMHS Region 4** - Canterbury; Chaplin/Hampton; Coventry; CTSART; Eastern CSU; East Lyme/Waterford; Groton; Scotland, Windham; and Willington (10)

**DEMHS Region 5** - Bethel; CTSART; Danbury; Danbury Ham; Goshen; Litchfield; Litchfield Hills (regional team sponsored by Goshen); Naugatuck; New Milford; Newtown; Prospect; Redding; Ridgefield; Southbury; Thomaston; Torrington; Walcott; Winchester/Winsted; and Woodbury (19)

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Office of the Chief State's Attorney Housing Court Prosecutors:

**Judith Dicine**  
**Supervisory Assistant State's Attorney - Housing Matters**

121 Elm Street  
New Haven, CT 06510  
203-773-6755

**Bridgeport**  
1061 Main Street  
Bridgeport, CT 06604  
203-579-7237

**Danielson**  
120 School Street  
Danielson, CT 06239  
203-773-6755

**Hartford**  
80 Washington Street  
Hartford, CT 06106  
860-756-7810

**New Britain**  
20 Franklin Street  
New Britain, CT  
860-756-7810

**New Haven**  
121 Elm Street  
New Haven, CT 06510  
203-773-6755

**New London**  
112 Broad Street  
New London, CT 06320  
860-756-7810

**Norwalk**  
17 Belden Avenue  
Norwalk, CT  
203-579-7237

**Norwich**  
One Courthouse Square  
Norwich, CT  
860-756-7810

**Rockville (Vernon)**  
20 Park Street  
Rockville, CT 06066  
203-773-6755

**Waterbury**  
300 Grand Street  
Waterbury, CT  
203-773-6755

Connecticut General Statutes:

**Sec. 47a-11. Tenant's responsibilities.** A tenant shall: (a) Comply with all obligations primarily imposed upon tenants by applicable provisions of any building, housing or fire code materially affecting health and safety; (b) keep such part of the premises that he occupies and uses as clean and safe as the condition of the premises permit; (c) remove from his dwelling unit all ashes, garbage, rubbish and other waste in a clean and safe manner to the place provided by the landlord pursuant to subdivision (5) of subsection (a) of section 47a-7; (d) keep all plumbing fixtures and appliances in the dwelling unit or used by the tenant as clean as the condition of each such fixture or appliance permits; (e) use all electrical, plumbing, sanitary, heating, ventilating, air conditioning and other facilities and appliances, including elevators, in the premises in a reasonable manner; (f) not willfully or negligently destroy, deface, damage, impair or remove any part of the premises or permit any other person to do so; (g) conduct himself and require other persons on the premises with his consent to conduct themselves in a manner that will not disturb his neighbors' peaceful enjoyment of the premises or constitute a nuisance, as defined in section 47a-32, or a serious nuisance, as defined in section 47a-15; and (h) if judgment has entered against a member of the tenant's household pursuant to subsection (c) of section 47a-26h for serious nuisance by using the premises for the illegal sale of drugs, not permit such person to resume occupancy of the dwelling unit, except with the consent of the landlord.

**Sec. 47a-51. (Formerly Sec. 19-343). Sanitary regulations.** (a) Each tenement, lodging or boarding house, and each part thereof, shall be kept clean and free from any accumulation of dirt, filth, garbage or other matter, in or on the house or part thereof, or in the yards, courts, passages, areas or alleys connected with or belonging to the same. The owner, tenant, lessee or occupant of each tenement, lodging or boarding house, or part of such house, shall cleanse thoroughly all rooms, passages, stairs, floors, windows, doors, walls, ceilings, privies, water closets, cesspools, drains, halls, cellars and roofs and all other parts of such house, or the part of such house of which he is owner, tenant, lessee or occupant, to the approval of the board of health or enforcing agency, and shall keep the same in a clean condition at all times.

(b) The owner of each tenement house shall provide, for such building, suitable receptacles for, or conveniences for the disposal of, garbage, ashes and rubbish.

(c) Each building used as a tenement, lodging or boarding house and all parts thereof shall be kept in good repair.

(d) The roof of each tenement, lodging or boarding house shall be so kept as not to leak, and all rain water shall be so drained and conveyed from the roof as to prevent its dripping onto the ground or causing dampness in the walls, ceilings, yards or areas.

(e) No horse, cow, calf, swine, poultry, sheep or goat shall be kept in or near any tenement, lodging or boarding house, unless stabled at least twenty feet distant from such tenement, lodging or boarding house, and then only when such stabling is not detrimental to health, in the opinion of the board of health or enforcing agency.

(f) A tenement, lodging or boarding house, or any part thereof, shall not be used for the handling, keeping or storing of combustible articles or rags, or any other articles, in a manner deemed by the board of health or enforcing agency to be dangerous or detrimental to health.

**Sec. 47a-52. (Formerly Sec. 19-88). Abatement of conditions in rented dwelling other than tenement house constituting danger to life or health.** (a) As used in this section, “rented dwelling” means any structure or portion thereof which is rented, leased, or hired out to be occupied as the home or residence of one or two families and any mobile manufactured home in a mobile manufactured home park which, although owned by its resident, sits upon a space or lot which is rented, leased or hired out, but shall not include a tenement house as defined in section 19a-355 or in section 47a-1.

(b) “Department of health” means the health authority of each city, borough or town, by whatever name such health authority may be known.

(c) When any defect in the plumbing, sewerage, water supply, drainage, lighting, ventilation, or sanitary condition of a rented dwelling, or of the premises on which it is situated, in the opinion of the department of health of the municipality where such dwelling is located, constitutes a danger to life or health, the department may order the responsible party to correct the same in such manner as it specifies. If the responsible party is a registrant, the department may deliver the order in accordance with section 7-148ii, provided nothing in this section shall preclude a director from providing notice in another manner permitted by applicable law. If the order is not complied with within the time limit set by the department, the person in charge of the department may institute a civil action for injunctive relief, in accordance with chapter 916, to require the abatement of such danger.

(d) Paint on the exposed surfaces of the interior of a rented dwelling shall not be cracked, chipped, blistered, flaking, loose or peeling so as to constitute a health hazard. Testing, remediation, abatement and management of lead-based paint at a rented dwelling or its premises shall be as defined in, and in accordance with, the regulations, if any, adopted pursuant to section 19a-111c.

(e) When the department of health certifies that any such rented dwelling or premises are unfit for human habitation, by reason of defects which may cause sickness or endanger the health of the occupants, the department may issue an order requiring the rented dwelling, premises or any portion thereof to be vacated within not less than twenty-four hours or more than ten days.

(f) Any person who violates or assists in violating, or fails to comply with, any provision of this section or any legal order of a department of health made under any such provision shall be guilty of a class C misdemeanor.

(g) Any person aggrieved by an order issued under this section may appeal, pursuant to section 19a-229, to the Commissioner of Public Health.

**Sec. 47a-53. (Formerly Sec. 19-344). Orders of enforcement agency. Municipal lien for expenses in executing order.** (a) Whenever any tenement, lodging or boarding house or any building, structure, excavation, business pursuit, matter or thing in or about such house or the lot on which it is situated, or the plumbing, sewerage, drainage, lighting, paint or ventilation of such house, is, in the opinion of the board of health or other enforcing agency, in a condition which is or in its effect is dangerous or detrimental to life or health, or whenever any tenement, lodging or boarding house in the opinion of the board or enforcing agency, is in violation of the provisions of section 19a-109, the board or other enforcing agency may declare that the same, to the extent specified by the board or other enforcing agency, is a public nuisance. The board or enforcing agency may order such public nuisance to be removed, abated, suspended, altered or otherwise remedied, improved or purified. The board of health

or other enforcing agency may also order or cause any tenement house or part thereof, or any excavation, building, structure, sewer, plumbing pipe, paint, passage, premises, ground, matter or thing in or about a tenement, lodging or boarding house or the lot on which such house is situated, to be purified, cleansed, disinfected, removed, altered, repaired or improved. If the board or enforcing agency issues an order to a registrant, such order may be delivered in accordance with section 7-148ii, provided nothing in this section shall preclude a board or enforcing agency from providing notice in another manner permitted by applicable law.

(b) If any order of the board of health or other enforcing agency is not complied with, or not so far complied with as the board or other enforcing agency regards as reasonable, within five days after the service thereof, or within such shorter time as the board or other enforcing agency designates, such order may be executed by the board or other enforcing agency, through its officers, agents, employees or contractors. The expense of executing such order, including an amount not to exceed five per cent of the expense thereof as a service charge and ten per cent of the expense thereof as a penalty shall be collected from the owner by an action in the name of the city, borough or town.

(c) (1) Any expense of executing an order, including any service charge and penalty imposed by the board of health or other enforcing agency pursuant to the provisions of subsection (b) of this section, and remaining unpaid for a period of sixty days after its due date, shall constitute a lien upon the real estate against which the expense was imposed, provided a notice of violation is recorded in the land records and indexed in the name of the property owner not later than thirty days after the expense was imposed.

(2) Each such notice of violation shall be effective from the time of the recording on the land records. Each lien shall take precedence over transfers and encumbrances recorded after such time.

(3) Any municipal lien pursuant to the provisions of this section may be foreclosed in the same manner as a mortgage.

(4) Any municipal lien pursuant to this section may be discharged or dissolved in the manner provided in sections 49-35a to 49-37, inclusive.

(d) Any board of health or other enforcing agency imposing an expense, including a service charge and penalty, pursuant to subsection (b) of this section, shall maintain a current record of all properties with respect to which such expenses remain unpaid in the office of such board or agency. Such record shall be available for inspection by the public.

**Sec. 47a-54. (Formerly Sec. 19-345). Communicable diseases; unfit for habitation; order to vacate.** (a) Whenever it is certified by the board of health or other enforcing agency, that a tenement, lodging or boarding house, or any part thereof, is infected with communicable disease, or that it is unfit for human habitation or dangerous to life or health by reason of want of repair or of defects in the drainage, plumbing, ventilation or construction of the same, or by reason of the existence on the premises of a nuisance liable to cause sickness among the occupants of such house, the board of health or other enforcing agency may issue an order requiring all persons therein to vacate such house, or part thereof, within not less than twenty-four hours nor more than ten days. The board of health or other enforcing agency shall state in the order the reason for the issuance of the order.

(b) If such order is not complied with within the time so specified, the board of health or other enforcing agency may cause such house, or part thereof, to be vacated.

(c) The board of health or other enforcing agency, whenever satisfied that the danger from such house, or part thereof, has ceased to exist, or that such house is fit for human habitation, may revoke such order or may extend the time within which the order may be complied with.

**Sec. 47a-55. (Formerly Sec. 19-347). Enforcement. Penalties.** (a) The board of health of each town, city or borough shall enforce the provisions of this part, and the board of health is given authority for such purpose. Any such town, city or borough may by ordinance duly adopted by its legislative body designate another authority or authorities to exercise concurrent or exclusive jurisdiction in the enforcement of this part. All duties imposed and powers conferred by this part upon boards of health shall devolve upon the health authority or such other designated authority or authorities of each city, borough or town by whatever name such health or other authority or authorities may be known. Nothing in this part shall be construed to abrogate or impair the powers of a local board of health, or of the courts, or any such other lawful authority, to enforce any provision of any city or borough charter or health ordinances and regulations not inconsistent with this part, or to prevent or punish for violations thereof.

(b) Each person who violates or assists in violating, or fails to comply with, any of said provisions or any legal order of a board of health or such other authority made under any of said provisions, for which no other penalty is provided, shall be fined not more than one thousand dollars or imprisoned not more than six months or both.

(c) Each person who continues to violate or assist in violating, or who continues to fail or refuse to comply with, any of said provisions after having been convicted of violating or assisting in violating any of said provisions, or of failing to comply therewith, for which no other penalty is provided, shall, upon a subsequent conviction, be imprisoned not more than one year.

**Sec. 47a-56. (Formerly Sec. 19-347a). Passage of ordinance for abatement of nuisances. Appointment of authority.** The legislative body of any city, town or borough may by ordinance adopt the provisions of sections 47a-56 to 47a-56i, inclusive, and appoint a person or committee, known hereinafter as the authority, to carry out the provisions of said sections.

**Sec. 19a-229. (Formerly Sec. 19-103). Appeal.** Any person aggrieved by an order issued by a town, city or borough director of health may appeal to the Commissioner of Public Health not later than three business days after the date of such person's receipt of such order, who shall thereupon immediately notify the authority from whose order the appeal was taken, and examine into the merits of such case, and may vacate, modify or affirm such order.

**Sec. 19a-206. (Formerly Sec. 19-79). Duties of municipal directors of health. Nuisances and sources of filth. Injunctions. Civil penalties. Authority of town director within city or borough. Availability of relocation assistance.** (a) Town, city and borough directors of health or their authorized agents shall, within their respective jurisdictions, examine all nuisances and sources of filth injurious to the public health, cause such nuisances to be abated or remediated and cause to be removed all filth which in their judgment may endanger the health of the inhabitants. Any owner or occupant of any property who maintains such property, whether real or personal, or any part thereof, in a manner which violates the

provisions of the Public Health Code enacted pursuant to the authority of sections 19a-36 and 19a-37 shall be deemed to be maintaining a nuisance or source of filth injurious to the public health. Any local director of health or his authorized agent or a sanitarian authorized by such director may enter all places within his jurisdiction where there is just cause to suspect any nuisance or source of filth exists, and abate or remediate or cause to be abated or remediated such nuisance and remove or cause to be removed such filth.

(b) When any such nuisance or source of filth is found on private property, such director of health shall order the owner or occupant of such property, or both, to remove, abate or remediate the same within such time as the director directs. If the owner of such property is a registrant, such director may deliver the order in accordance with section 7-148ii, provided nothing in this section shall preclude a director from providing notice in another manner permitted by applicable law. If such order is not complied with within the time fixed by such director: (1) Such director, or any official of such town, city or borough authorized to institute actions on behalf of such town, city or borough, may institute and maintain a civil action for injunctive relief in any court of competent jurisdiction to require the abatement or remediation of such nuisance, the removal of such filth and the restraining and prohibiting of acts which caused such nuisance or filth, and such court shall have power to grant such injunctive relief upon notice and hearing; (2) (A) the owner or occupant of such property, or both, shall be subject to a civil penalty of two hundred fifty dollars per day for each day such nuisance is maintained or such filth is allowed to remain after the time fixed by the director in his order has expired, except that the owner or occupant of such property or any part thereof on which a public eating place is conducted shall not be subject to the provisions of this subdivision, but shall be subject to the provisions of subdivision (3) of this subsection, and (B) such civil penalty may be collected in a civil proceeding by the director of health or any official of such town, city or borough authorized to institute civil actions and shall be payable to the treasurer of such city, town or borough; and (3) the owner or occupant of such property, or both, shall be subject to the provisions of sections 19a-36, 19a-220 and 19a-230.

(c) If the director institutes an action for injunctive relief seeking the abatement or remediation of a nuisance or the removal of filth, the maintenance of which is of so serious a nature as to constitute an immediate hazard to the health of persons other than the persons maintaining such nuisance or filth, he may, upon a verified complaint stating the facts which show such immediate hazard, apply for an ex parte injunction requiring the abatement or remediation of such nuisance or the removal of such filth and restraining and prohibiting the acts which caused such nuisance or filth to occur, and for a hearing on an order to show cause why such ex parte injunction should not be continued pending final determination on the merits of such action. If the court finds that an immediate hazard to the health of persons other than those persons maintaining such nuisance or source of filth exists, such ex parte injunction shall be issued, provided a hearing on its continuance pending final judgment is ordered held within seven days thereafter and provided further that any persons so enjoined may make a written request to the court or judge issuing such injunction for a hearing to vacate such injunction, in which event such hearing shall be held within three days after such request is filed.

(d) In each town, except in a town having a city or borough within its limits, the town director of health shall have and exercise all the power for preserving the public health and preventing the spread of diseases; and, in any town within which there exists a city or borough, the limits of which are not coterminous with the limits of such town, such town director of health shall exercise the powers and duties of his office only in such part of such town as is outside the limits of such city or borough, except that when such city or borough has not appointed a director of health, the town director of health shall,

for the purposes of this section, exercise the powers and duties of his office throughout the town, including such city or borough, until such city or borough appoints a director of health.

(e) When such nuisance is abated or remediated or the source of filth is removed from private property, such abatement, remediation or removal shall be at the expense of the owner or, where applicable, the occupant of such property, or both, and damages and costs for such abatement, remediation or removal may be recovered against the owner or, where applicable, the occupant, or both, by the town, city or borough in a civil action as provided in subsection (b) of this section or in a separate civil action brought by the director of health or any official of such city, town or borough authorized to institute civil actions.

(f) If the order of a district department of health, formed pursuant to section 19a-241, causes the displacement of any occupant of a residential dwelling unit, the municipality in which such dwelling unit is located shall be responsible for any relocation assistance afforded to such occupant pursuant to chapter 135. The district department of health shall provide written notification to the occupant of the occupant's rights under chapter 135 at the time an order causing displacement is issued. The written notification shall include the name, address and telephone number of the person authorized by the municipality to process applications for relocation assistance afforded pursuant to chapter 135.

**Sec. 19-13-B1. Conditions specifically declared to constitute public nuisances**

The following conditions are specifically declared to constitute public nuisances:

(a.) Bakeries, restaurants and other places where food is prepared or served that are not kept in a clean and sanitary condition; or in which persons who have any communicable disease are employed; or for which suitable toilet facilities are not provided; or in which there is evidence that rats, mice or vermin are present.

(b.) Spoiled or diseased meats, whether exposed and offered for sale or being transported or kept for sale.

(c.) Barns or stables, hogpens, chicken yards or manure piles or accumulations of organic material so maintained as to be a breeding place for flies.

(d.) The discharge or exposure of sewage, garbage or any other organic filth into or on any public place in such a way that transmission of infective material may result thereby.

(e.) Privies not screened against flies in populous districts and privies likely to pollute the ground or surface water from which water supply is obtained.

(f.) Transportation of garbage, night soil or other organic filth except in tight, covered wagons which prevent leakage or access of flies.

(g.) Stagnant water likely to afford breeding places for mosquitoes within a residential district or within a distance of one thousand feet therefrom.

(h.) Bone boiling, fat rendering establishments, or tallow or soap works, or other trades, when they can be shown to affect public health or produce serious offense.

(i.) Buildings or any part thereof which are in a dilapidated or filthy condition which may endanger the life or health of persons living in the vicinity.

**Sec. 19-13-B2. Abatement of nuisance**

(a.) Any local director of health, upon information of the existence of a nuisance or any pollution occurring within his jurisdiction, or when any such nuisance or pollution comes to his attention, shall, within a reasonable time, investigate and, upon finding such nuisance or pollution exists, shall issue his order in writing for the abatement of the same.

(b.) Such order shall specify the nature of such nuisance or pollution and shall designate the time within which such abatement or discontinuance shall be accomplished; and if such order is not complied with within the time specified, the facts shall be submitted to the prosecuting authority. Copies of all orders shall be kept on file by the director of health in his office and copies of the same shall be furnished the state commissioner of health on request.

**Sec. 19-13-B21. Garbage and refuse**

(a) The owner of premises upon which persons reside or which are frequented for pleasure or business shall keep such premises free from accumulations of garbage, rubbish, rags, tin cans, paper, empty barrels, boxes or any material which, because of its character, condition or improper storage, may invite the breeding or collection of flies, mosquitoes or rodents, or which may in any other manner prejudice the public health.

(b) In populous districts stable manure shall be kept in a covered water-tight pit or chamber and shall be removed at least once a week during the period from May first to October first and during the other months at intervals sufficiently frequent to maintain a sanitary condition satisfactory to the director of health. Manure on farms or isolated premises other than dairy farms need not be so protected and removed unless ordered by the director of health.