

# Department of Children and Families

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## 2015 Legislative Summary

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The following is a compilation of legislation of interest to the Department of Children and Families that passed during the 2015 Regular Session and the June and December Special Sessions of the General Assembly. These summaries are based largely upon the bill analysis prepared by the General Assembly's Office of Legislative Research.

The intent of this summary is to provide a general understanding of the actions taken by the legislature. Please refer to the specific text of each public or special act for a complete understanding of the action taken by the General Assembly. For additional information, please visit the General Assembly's website at <http://www.cga.ct.gov/>

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## **PERMANENCY & GUARDIANSHIP**

### **DCF LEGISLATIVE PROPOSAL**

#### **PUBLIC ACT 15-199 - H.B. NO. 6899 - AN ACT EXPANDING GUARDIANSHIP OPPORTUNITIES FOR CHILDREN AND IMPLEMENTING PROVISIONS OF THE FEDERAL PREVENTING SEX TRAFFICKING AND STRENGTHENING FAMILIES ACT.**

This act makes changes in several Department of Children and Families (DCF)-related statutes.

Principally, the act:

- (1) permits caregivers to allow children with service or safety plans to participate in “normal childhood activities” (i.e., extracurricular, enrichment, and social activities, including overnight activities outside the caregiver's direct supervision for up to 48 hours) without prior department or court approval (§ 1);
- (2) limits permanency plan goals involving certain planned permanent living arrangements (such as placement in an independent living program) to children age 16 or older, establishes certain requirements for these arrangements, and eliminates certain other permanency plan goals (§§ 2-4 & 19);
- (3) defines “fictive kin caregivers,” allows child placement with one of these individuals, makes such caregivers eligible for guardianship subsidies, and allows for the transfer of such subsidies from one caregiver to a successor caregiver (§§ 5 - 10);
- (4) requires foster care providers, relative and fictive kin caregivers, and child care facilities to use a “reasonable and prudent parent standard” (i.e., careful and sensible parental decisions that maintain a child's health, safety, and best interests) (§§ 5 & 6);
- (5) gives the Probate Court the authority to order post-adoption sibling visitation rights for adoptions that take place in that venue and requires the court to consider certain factors before making such a decision (§ 18);
- (6) sets out a hearing process for individuals who believe they are harmed by a DCF decision to terminate voluntary services and modifies the notice and regulation adoption requirements DCF must follow for such terminations (§ 19);
- (7) allows the DCF Commissioner to transfer a child or youth receiving voluntary services to the supervision of the Departments of Mental Health and Addiction Services (DMHAS) or Developmental Services (DDS) (§ 19);
- (8) specifies that the Court does not need to review case service plans annually (i.e., plans for children receiving DCF services who are not in out-of-home placements) and makes other minor changes to the plan review process (§ 19);
- (9) broadens the (a) circumstances in which DCF must disclose records to specified parties without the subject's consent and (b) list of individuals who must submit to criminal history and child abuse registry checks (§§ 5, 15, & 16);
- (10) adopts rules for the appointment of counsel when certain cases involving children or youths are transferred from Probate to Superior Court (§ 20);
- (11) adds to the list of individuals the DCF Commissioner must notify when (a) she removes a child from parental custody and extends the amount of time DCF has to provide the notice or (b) a child committed to DCF custody is missing or abducted (§§ 11 & 13);
- (12) increases the number of children for whom DCF must request an annual credit report (§ 12); and
- (13) specifies data DCF must annually submit to the General Assembly's Children's Committee pertaining to sibling visitation statutes (§ 17).

The act also makes several minor, technical, and conforming changes.

**EFFECTIVE DATE:** July 1, 2015, except provisions pertaining (1) to permanency plans for children receiving voluntary services, (2) court transfers, (3) DCF data gathering requirements, and (4) postadoption sibling visitation, are effective October 1, 2015. *(Signed by Governor Malloy 7/2/2015)*

## **BEHAVIORAL HEALTH**

### **PUBLIC ACT 15-27 - S.B. NO. 841 - AN ACT CONCERNING THE IMPLEMENTATION OF A COMPREHENSIVE CHILDREN'S MENTAL, EMOTIONAL AND BEHAVIORAL HEALTH PLAN.**

This act establishes a 34-member Children's Mental, Emotional, and Behavioral Health Plan Implementation Advisory Board. The Advisory Board shall consist of the following members:

- (1) eight appointed by the Commissioner of Children and Families, who shall represent families of children who have been diagnosed with mental, emotional or behavioral health issues;
- (2) two appointed by the Commissioner of Children and Families, who shall represent a private foundation providing mental, emotional or behavioral health care services for children and families in the state;
- (3) four appointed by the Commissioner of Children and Families, who shall be providers of mental, emotional or behavioral health care services for children in the state;
- (4) three appointed by the Commissioner of Children and Families, who shall represent private advocacy groups that provide services for children and families in the state;
- (5) one appointed by the Commissioner of Children and Families, who shall represent the United Way of Connecticut 2-1-1 Infoline program;
- (6) one appointed by the Majority Leader of the House of Representatives, who shall be a medical doctor representing the Connecticut Children's Medical Center Emergency Department;
- (7) one appointed by the Majority Leader of the Senate, who shall be a Superintendent of Schools in the state;
- (8) one appointed by the Minority Leader of the House of Representatives, who shall represent the Connecticut Behavioral Healthcare Partnership;
- (9) one appointed by the Minority Leader of the Senate who shall represent the Connecticut Association of School-Based Health Centers;
- (10) the Commissioner of Children and Families, or the Commissioner's designee;
- (11) the Commissioner of Developmental Services, or the Commissioner's designee;
- (12) the Commissioner of Social Services, or the Commissioner's designee;
- (13) the Commissioner of Public Health, or the Commissioner's designee;
- (14) the Commissioner of Mental Health and Addiction Services, or the Commissioner's designee;
- (15) the Commissioner of Education, or the Commissioner's designee;
- (16) the Commissioner of Early Childhood, or the Commissioner's designee;
- (17) the Insurance Commissioner, or the Commissioner's designee;
- (18) the Executive Director of the Court Support Services Division of the Judicial Branch, or the Executive Director's designee;
- (19) the Child Advocate, or the Child Advocate's designee;
- (20) the Healthcare Advocate, or the Healthcare Advocate's designee; and
- (21) the Executive Director of the Commission on Children, or the Executive Director's designee.

The Board must advise the following individuals and entities:

- (1) The Departments of Children and Families, Developmental Services, Education, Insurance, Mental Health and Addiction Services, Public Health, and Social Services;
- (2) the Early Childhood, Child Advocate, and Health Care Advocate offices;
- (3) the Judicial Branch's Court Support Services Division;
- (4) the Commission on Children;
- (5) child and family mental, emotional, and behavioral health service providers;
- (6) advocates; and
- (7) others interested in Connecticut child and family well-being.

The Board's annual report to the Children's Committee must include:

- (1) the status of the behavioral health plan's execution;
- (2) the collaboration level between agencies and stakeholders involved in its execution;
- (3) any recommendations for improving (a) the plan's execution or (b) agency and stakeholder collaboration; and
- (4) any additional information the board deems necessary and relevant to prevent or reduce the long-term negative impact of children's mental, emotional, and behavioral health issues.

**EFFECTIVE DATE:** July 1, 2015 (*Signed by Governor Malloy 6/4/2015*)

**PUBLIC ACT 15-198 - H.B. NO. 6856 - AN ACT CONCERNING SUBSTANCE ABUSE AND OPIOID OVERDOSE PREVENTION.**

This act makes various changes affecting prescription drugs, drug abuse prevention, and related topics. Among other things, it:

- (1) requires practitioners, before prescribing more than a 72-hour supply of any controlled substance, to check the patient's record in the prescription drug monitoring program;
- (2) requires practitioners to review the patient's record at least every 90 days if prescribing for prolonged treatment;
- (3) makes other changes to the prescription drug monitoring program, including exempting opioid agonists in certain situations;
- (4) allows pharmacists to prescribe opioid antagonists, used to treat drug overdoses, if they receive special training and certification to do so, and expands the existing immunity for all prescribers when prescribing, dispensing, or administering opioid antagonists;
- (5) requires physicians, advanced practice registered nurses (APRNs), dentists, and physician assistants (PAs) to take continuing education in prescribing controlled substances and pain management;
- (6) makes changes to membership and other matters concerning the Connecticut Alcohol and Drug Policy Council; and
- (7) adds pharmacists to the definition of "healing arts" in the health care center (HMO) statutes.

The act also makes technical and conforming changes.

**EFFECTIVE DATE:** Upon passage, except the provisions on continuing education and the prescription drug monitoring program are effective October 1, 2015. (*Signed by Governor Malloy 6/30/2015*)



**PUBLIC ACT 15-209 - H.B. NO. 6737 - AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING TRANSITIONAL SERVICES FOR YOUTH AND YOUNG ADULTS WITH AUTISM SPECTRUM DISORDER.**

This act requires the State Board of Education (SBE), by July 1, 2015, to draft a bill of rights for parents of children receiving special education services to guarantee that the rights of these students and their parents are protected when receiving these and related services.

The act requires the State Department of Education (SDE), starting with the 2015-16 school year, to annually distribute the bill of rights to local and regional boards of education. The bill of rights must be provided to parents at planning and placement team (PPT) meetings for special education students in grades six through 12.

By law, when a student is identified as requiring special education, and at each PPT meeting, school boards must provide the parents or guardian and the student, if he or she is emancipated or 18 or older, with information on (1) special education laws, (2) their rights under these laws, and (3) relevant information and resources relating to individualized education programs (IEPs) created by SDE. The act specifies that this includes information related to transition resources and services for high school students. It also requires SBE to ensure that school boards are providing all such information to these individuals.

The act also requires the Department of Rehabilitative Services (DORS) Commissioner, in consultation with the Developmental Services (DDS), SDE, Labor, and Mental Health and Addiction Services Commissioners or their designees, to develop a proposed definition for “competitive employment” for each agency to use in relation to state matters. By February 1, 2016, the DORS Commissioner must report on the proposed definition to the General Assembly’s Education, Human Services, Labor, and Public Health Committees.

Finally, the act requires DDS, by February 1, 2016, to begin reporting annually to the Public Health Committee on the activities of the Department's Division of Autism Spectrum Disorder Services and Advisory Council.

**EFFECTIVE DATE:** July 1, 2015 (*Signed by Governor Malloy 7/2/2015*)

**PUBLIC ACT 15-226 - S.B. NO. 1085 - AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR MENTAL OR NERVOUS CONDITIONS.**

This act expands the services certain health insurance policies must cover for mental and nervous conditions. By law, a policy must cover the diagnosis and treatment of mental or nervous conditions on the same basis as medical, surgical, or other physical conditions (i.e., parity).

The act requires policies to cover, among other things:

- (1) medically necessary acute treatment and clinical stabilization services (see below);
  - (2) general inpatient hospitalization, including at state-operated facilities;
  - (3) services provided by advanced practice registered nurses (APRNs) for mental or nervous conditions;
- and
- (4) programs to improve health outcomes for mothers, children, and families.

Under the act, a policy may not prohibit an insured from receiving, or a provider from being reimbursed for, multiple screening services as part of a single-day visit to a health care provider or multicare institution (e.g., hospital, psychiatric outpatient clinic, or free standing facility for substance use treatment).

The act substitutes the term “benefits payable” for “covered expenses” as it pertains to the mental or nervous conditions coverage provisions. By law, these are the usual, customary, and reasonable charges for medically necessary treatment or, in the case of a managed care plan, the contracted rates.

The act also requires the Insurance Commissioner and Healthcare Advocate to convene a working group to study, among other things, the use of inpatient mental health and substance use disorder services. They must report to the General Assembly’s Insurance and Real Estate and Public Health Committees by January 1, 2016.

The act also makes technical and conforming changes.

The act applies to individual and group health insurance policies issued, delivered, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, or (4) hospital or medical services, including those provided through an HMO. Due to the federal Employee Retirement Income Security Act, state insurance mandates do not apply to self-insured benefit plans.

**EFFECTIVE DATE:** January 1, 2016, except for the working group provisions, which are effective on passage. *(Signed by Governor Malloy 6/30/2015)*

**PUBLIC ACT 15-242 - H.B. NO. 6987 - AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.**

This act makes numerous substantive, minor, and technical changes to Department of Public Health (DPH)-related statutes and programs. Section of interest to DCF include:

- Section 30 adds the Commissioner of Public Health and the Health Care Advocate to the Behavioral Health Partnership Oversight Council.
- Section 52 requires the Youth Suicide Advisory Board periodically offer, within available appropriations, youth suicide prevention training for health care providers, school employees and other persons who provide services to children, young adults and families
- Section 69 requires the Department of Housing, in collaboration with the Department of Mental Health and Addiction Services and the State Department of Education, to make available information on trauma-informed care and related services for homeless children and youths to homeless shelter providers in the state that receive financial assistance from the Department of Housing. Such homeless shelter providers shall, to the extent feasible, (1) refer homeless children or youth to such services as necessary, and (2) make efforts to ensure that such homeless children or youths have access to such services.

**EFFECTIVE DATE:** Sections of interest to DCF effective October 1, 2015 *(Signed by Governor Malloy 6/30/2015)*

## **CHILD WELFARE**

### **PUBLIC ACT 15-39 - S.B. NO. 258 - AN ACT CONCERNING INFANT SAFE SLEEP PRACTICES.**

This act requires hospitals, through their maternity programs, to provide newborn infants' parents or legal guardians with written information on the American Academy of Pediatrics' recommendations for safe sleep practices when the infants are discharged.

**EFFECTIVE DATE:** October 1, 2015 (*Signed by Governor Malloy 6/4/2015*)

### **DCF LEGISLATIVE PROPOSAL**

### **PUBLIC ACT 15-195 - H.B. NO. 6849 - AN ACT STRENGTHENING PROTECTIONS FOR VICTIMS OF HUMAN TRAFFICKING.**

This act makes numerous changes to the statutes related to human trafficking. It:

- (1) expands the crime of human trafficking by broadening the conditions under which the crime is committed when the victim is a minor (under age 18);
- (2) requires the Department of Public Health (DPH) to provide victims of human trafficking the same services it must provide certain sexual assault victims under existing law;
- (3) allows the Office of Victims Services (OVS), under certain circumstances, to waive the time limitation on crime victim compensation applications for minors who are victims of human trafficking;
- (4) expands the conditions under which a court may erase a juvenile's record;
- (5) expands the list of crimes, including human trafficking, for which wiretapping is authorized; and
- (6) increases, from 21 to 23, the membership of the Trafficking in Persons Council.

The act also makes technical and conforming changes.

**EFFECTIVE DATE:** October 1, 2015 (*Signed by Governor Malloy 7/2/2015*)

### **PUBLIC ACT 15-221 - S.B. NO. 312 - AN ACT CONCERNING THE PROTECTION OF PARTICULARLY VULNERABLE CHILDREN.**

This act requires the (1) Office of the Child Advocate, in consultation with the Child Fatality Review Panel, to study the rates and causes of child fatalities in the state and (2) Child Fatality Review Panel to review current practices, policies, and procedures to protect children from birth to age three from unexpected death or critical injury.

Starting by July 1, 2016, the child advocate must annually report on the rates and causes of child fatalities to the Children's and Education Committees. The Committees must hold a joint public forum on the child advocate's findings within 60 days of receiving these reports.

The Child Fatality Review Panel must submit a report to the General Assembly's Education and Children's Committees by October 1, 2016. The report must (1) address the effectiveness of current practices,

policies, and procedures to protect children from birth to age three from unexpected death or critical injury and (2) recommend any administrative or legislative action needed to better protect them.

**EFFECTIVE DATE:** Upon passage (*Signed by Governor Malloy 7/2/2015*)

**SPECIAL ACT 15-10 - S.B. NO. 303 - AN ACT ESTABLISHING A TASK FORCE TO STUDY THE STATE-WIDE RESPONSE TO FAMILY VIOLENCE.**

This act establishes a Task Force to Study the State-Wide Response to Minors Exposed to Family Violence. Such study shall include, but not be limited to, (1) an examination of existing policies and procedures used by the Department of Children and Families, the Department of Mental Health and Addiction Services, health care professionals, law enforcement, guardians ad litem, attorneys for minor children and the Judicial Branch for minors who are exposed to family violence, and (2) the development of a state-wide model policy for use by (A) the Department of Children and Families, including organizations with which it contracts services; (B) the Department of Mental Health and Addiction Services, including organizations with which it contracts services; (C) health care professionals; (D) guardians ad litem; (E) attorneys for minor children; (F) law enforcement; and (G) the Judicial Branch, when responding to minors who are exposed to family violence.

The task force shall consist of the following members:

- (1) The Commissioner of Children and Families, or the Commissioner's designee;
- (2) The Commissioner of Mental Health and Addiction Services, or the Commissioner's designee;
- (3) The Commissioner of Early Childhood, or the Commissioner's designee;
- (4) The Commissioner of Emergency Services and Public Protection, or the Commissioner's designee;
- (5) The Child Advocate, or the Child Advocate's designee;
- (6) The Chief Public Defender, or the Chief Public Defender's designee;
- (7) The Chief State's Attorney, or the Chief State's Attorney's designee;
- (8) A Chairperson of the joint standing committee of the General Assembly having cognizance of matters relating to children;
- (9) A Chairperson of the joint standing committee of the General Assembly having cognizance of matters relating to human services;
- (10) Two appointed by the President Pro Tempore of the Senate, one of whom shall represent the Connecticut Coalition Against Domestic Violence and one of whom shall be an attorney licensed to practice law in Connecticut;
- (11) Two appointed by the speaker of the House of Representatives, one of whom shall represent the Connecticut Children's Medical Center and one of whom shall represent a multidisciplinary team established pursuant to section 17a-106a of the general statutes;
- (12) Two appointed by the Majority Leader of the Senate, one of whom shall represent the Connecticut Police Chiefs Association and one of whom shall be an adult victim of domestic violence;
- (13) Two appointed by the Majority Leader of the House of Representatives, one of whom shall represent a designated child advocacy center and one of whom shall be a medical doctor specializing in the care of children exposed to family violence;
- (14) Two appointed by the Minority Leader of the Senate, one of whom shall be a currently appointed guardian ad litem and one of whom shall be a psychiatrist or psychologist specializing in the mental health care of children exposed to family violence;

(15) Two appointed by the Minority Leader of the House of Representatives, one of whom shall be a youth victim exposed to family violence and one of whom shall be a currently appointed attorney for the minor child; and

(16) Two appointed by the Chief Court Administrator, one of whom shall be a Judge of the Superior Court assigned to hear family matters and one of whom shall represent the Judicial Branch Court Support Services Division.

The Task Force shall submit a report on its findings and recommendations to the General Assembly's Human Services and Children Committees by January 15, 2016. The Task Force shall terminate on the date that it submits such report or January 15, 2016, whichever is later.

**EFFECTIVE DATE:** Upon passage (*Signed by Governor Malloy 6/30/2015*)

## **JUVENILE JUSTICE**

### **DCF LEGISLATIVE PROPOSAL**

#### **PUBLIC ACT 15-58 - S.B. NO. 863 - AN ACT CONCERNING JUVENILE JUSTICE RISK AND NEEDS ASSESSMENTS.**

This act requires the Department of Children and Families (DCF) to conduct risk and needs assessments to ensure that delinquent girls and delinquent boys in the highest risk level are placed in appropriate secure treatment settings. Current law requires DCF to conduct the assessments to ensure only that delinquent boys in the highest risk level are placed in the male-only Connecticut Juvenile Training School. The training school is currently the only secure facility for boys.

**EFFECTIVE DATE:** October 1, 2015 (*Signed by Governor Malloy 6/19/2015*)

#### **PUBLIC ACT 15-84 - S.B. NO. 796 - AN ACT CONCERNING LENGTHY SENTENCES FOR CRIMES COMMITTED BY A CHILD OR YOUTH AND THE SENTENCING OF A CHILD OR YOUTH CONVICTED OF CERTAIN FELONY OFFENSES.**

This act makes a number of changes related to sentencing and parole release of offenders who were under 18 at the time they committed crimes, including:

- (1) retroactively eliminating (a) life sentences for capital felony and arson murder and (b) convictions for murder with special circumstances;
- (2) establishing alternative parole eligibility rules that can make someone eligible for parole sooner if he or she was sentenced to more than 10 years in prison;
- (3) requiring criminal courts, when sentencing someone convicted of a class A or B felony committed when he or she was between ages 14 and 18, to (a) consider certain mitigating factors of youth and (b) indicate the maximum prison term that may apply and whether the person may be eligible for release under the act's alternative parole eligibility rules; and
- (4) prohibiting a child convicted of a class A or B felony from waiving a presentence investigation or report and requiring the report to address the same sentencing factors the act requires a criminal court to consider.

The act requires the Sentencing Commission to study how to notify victims of the parole eligibility laws and release mechanisms available to people sentenced to more than two years in prison. The Commission must report on its study and any recommendations to the General Assembly's Judiciary Committee by February 1, 2016.

The act also makes technical and conforming changes (§§ 3-5).

**EFFECTIVE DATE:** October 1, 2015, and the provisions regarding capital felony, murder with special circumstances, and arson murder apply regardless of when an offender is or was convicted. (*Signed by Governor Malloy 6/23/2015*)

**PUBLIC ACT 15-183 - H.B. NO. 7050 - AN ACT CONCERNING THE JUVENILE JUSTICE SYSTEM.**

This act makes various changes affecting the juvenile justice system.

It changes when cases may or must be transferred from juvenile court to adult criminal court, including:  
(1) eliminating automatic transfers for children aged 14 through 17 charged with certain class B felonies and  
(2) raising the minimum age, from 14 to 15, for the (a) automatic transfer for other class B felonies or more serious crimes and (b) discretionary transfer for felonies not subject to automatic transfer.

The act (1) creates a presumption that mechanical restraints (such as shackles) will be removed from a juvenile during juvenile court proceedings before a determination of delinquency, (2) specifies when such restraints may be allowed, and (3) requires the Judicial Branch to keep related statistical information.

It also expands the Juvenile Justice Policy and Oversight Committee's (JJPOC) membership and responsibilities. For example, it requires the committee to (1) implement a strategic plan and report on the plan by January 1, 2016 and (2) annually report on certain matters beyond the current January 1, 2017 end date for its responsibilities.

**EFFECTIVE DATE:** October 1, 2015 (*Signed by Governor Malloy 7/2/2015*)

**PUBLIC ACT 15-218 - H.B. NO. 7048 - AN ACT CONCERNING PREVENTION, DETECTION AND MONITORING OF PRISON RAPE IN JUVENILE FACILITIES.**

Within available appropriations, this act requires state and municipal agencies that incarcerate or detain juvenile offenders, including immigration detainees, to adopt and comply with the applicable standards recommended by the National Prison Rape Elimination Commission for preventing, detecting, monitoring, and responding to sexual abuse. The agencies covered are prisons, jails, community correction facilities, juvenile facilities, and lockups.

This requirement already applies to agencies incarcerating adult offenders.

**EFFECTIVE DATE:** October 1, 2015 (*Signed by Governor Malloy 7/7/2015*)

## LEGAL

### **PUBLIC ACT 15-61 - S.B. NO. 1082 - AN ACT PERMITTING STATE AGENCIES TO ESTABLISH ELECTRONIC FILING SYSTEMS FOR AGENCY PROCEEDINGS AND REQUIRING THEG WAIVER OF STATE AGENCY ELECTRONIC FILING AND COMMUNICATION REQUIREMENTS.**

This act allows e-mail delivery by state agencies to certain recipients of copies of (1) final decisions made in a Uniform Administrative Procedure Act (UAPA) contested case, (2) rulings and actions in response to petitions for declaratory rulings, and (3) declaratory rulings. It does so by defining “personal delivery” under the UAPA as delivery directly to the intended recipient or his or her designated representative, including e-mail delivery to an address the recipient identifies as an acceptable means of communication. By law, copies of final decisions in contested cases, rulings and actions in response to petitions for declaratory rulings, and declaratory rulings must be either mailed or “personally delivered.”

The act also allows an agency to suspend any requirements in its regulations governing its rules of practice for paper filing or document service for formal and informal agency proceedings. It instead allows the agency to establish an electronic filing system for the filings and service. Before establishing the system, the agency must give 30 days' notice on its website and in the Connecticut Law Journal, including instructions for using the system.

The act requires agencies to exempt a person from electronic filing if the person requests an exemption and provides written notice to the agency of a hardship. Under the act, such hardships include (1) a lack of access to a device capable of electronic filing or (2) incompatibility of a specific filing with the electronic filing system. It similarly requires agencies to exempt a person, under the circumstances stated above, from any requirements to electronically receive notification from or correspond with the agency.

The act eliminates provisions, established in Public Act 15-1 (which is also effective October 1, 2015), that make waiving the use of electronic correspondence and filing discretionary for agencies. Under Public Act 15-1, an executive branch state agency that uses e-mail to notify and correspond with clients may waive the requirement, upon a client's request, for good cause. Similarly, an agency that requires electronic applications or forms may waive the requirement, upon request by an applicant, individual, or business, for good cause.

The act also makes technical and conforming changes.

**EFFECTIVE DATE:** October 1, 2015 (*Signed by Governor Malloy 6/19/2015*)

### **DCF LEGISLATIVE PROPOSAL**

### **PUBLIC ACT 15-159 - H.B. NO. 6723 - AN ACT CONCERNING GROUNDS FOR TERMINATION OF PARENTAL RIGHTS.**

By law, the Superior Court or Probate Court may terminate parental rights when it is in the child's best interest and the child, due to severe physical abuse or a pattern of abuse, has been denied care, guidance, or control necessary for his or her physical, educational, moral, or emotional well-being.

This act specifically addresses three instances involving abuse. It allows the court to terminate parental rights, when it is in the child's best interest and the child:

- (1) has been found by the Superior Court or probate court in a prior proceeding to have been abused;
- (2) is found to be abused and has been in the custody of the Commissioner of Children and Families for at least 15 months and the child's parent has not rehabilitated enough to encourage the reasonable belief, based on the child's age and needs, that he or she could assume a responsible position in the child's life; or
- (3) is abused and under age seven, and his or her parent has not rehabilitated, as described above, and has had his or her parental rights for another child terminated by a DCF petition.

The law already gives the court the power to terminate parental rights under these same three circumstances based on findings of neglect. Prior to the passage of PA 11-240, a Court finding of neglect could include a finding of abuse and thus these three provisions applied to conduct that amounted to neglect or abuse. But PA 11-240 removed abusive conduct from the definition of neglect, limiting these findings to cases involving neglect. The act clarifies that the Court has the same powers relating to termination of parental rights based on findings of abuse as it did prior to passage of PA 11-240.

Additionally, the act specifies that, in termination of parental rights proceedings, the respondent parent is the only party that (1) has the right to counsel, (2) upon request, may have counsel appointed by the Court if he or she is unable to pay, and (3) cannot waive counsel until the court first explains the nature and meaning of a termination of parental rights petition.

The act also makes minor technical and conforming changes.

**EFFECTIVE DATE:** Upon passage (*Signed by Governor Malloy 7/2/2015*)

## **EDUCATION**

### **PUBLIC ACT 15-205 - H.B. NO. 6186 - AN ACT PROTECTING SCHOOL CHILDREN.**

This act increases, from a class A misdemeanor to a class E felony, the penalty for a mandated reporter who fails to report suspected child abuse or neglect to the Department of Children and Families (DCF), if the (1) violation is a subsequent violation; (2) violation is willful, intentional, or due to gross negligence; or (3) mandated reporter had actual knowledge of the abuse, neglect, or sexual assault.

The act expands the reporting requirement for school employees and subjects violators to the penalties described above. It also extends the mandated reporter law protection to high school students who are over age 18 and not enrolled in adult education. The act requires school employees to report to DCF suspected sexual assault of any student who is not enrolled in adult education by a school employee. It also establishes the factors on which a mandated reporter may base his or her suspicion. Under the act, it is a class D felony for anyone, other than a child or a student who is not enrolled in adult education, to intentionally and unreasonably interfere with or prevent such reporting or conspire or attempt to do so.

By law, (1) DCF must make available educational and refresher training for all mandated reporters of child abuse and neglect and (2) school employees must participate in the training course when hired and the refresher training every three years. Under the act, the principal for each school under the jurisdiction of a



local or regional board of education must annually certify to the superintendent that school employees complete such training and the superintendent must certify compliance to the State Board of Education (SBE).

The act extends DCF's investigation and notification requirements under existing law in reported child abuse or neglect cases to include cases of reported sexual assault of students by school employees.

It requires each local or regional board to (1) update its written policy, by February 1, 2016, to include the new school employee reporting requirements and (2) establish a confidential rapid response team, by January 1, 2016, to coordinate with DCF to ensure prompt reporting. It also prohibits the boards from hiring noncompliant or convicted employees who were terminated or who resigned and requires SBE to revoke the certification, permit, or authorization of anyone convicted of certain crimes.

The act also makes technical and conforming changes.

**EFFECTIVE DATE:** October 1, 2015; however, a provision on DCF's training program (§ 1); provisions on rapid response teams (§ 9); rehiring prohibitions (§ 10); and SBE's certification, authorization, and permit practices (§§ 12 & 13) are effective July 1, 2015. *(Signed by Governor Malloy 7/2/2015)*

**PUBLIC ACT 15-225 - S.B. NO. 1058 - AN ACT CONCERNING CHRONIC ABSENTEEISM.**

This act requires local and regional boards of education to monitor and address absenteeism rates in schools. Specifically, it requires boards of education to:

- (1) establish attendance review teams for their school district or individual schools when chronic absenteeism rates reach a certain percentage and
- (2) annually report to the Education Commissioner the number of truant and chronically absent students for each school and the entire district.

The act also requires the State Department of Education (SDE), along with the Interagency Council for Ending the Achievement Gap, to develop a chronic absenteeism prevention and intervention plan by January 1, 2016 for local and regional school boards to use.

Finally, the act expands the Children's Probate Court truancy clinics that currently are pilot programs limited to the Waterbury and New Haven probate courts. The act instead allows the Probate Court Administrator to establish truancy clinics without pilot limitations within probate courts serving towns designated as alliance districts.

The act makes several minor, conforming, and technical changes.

**EFFECTIVE DATE:** July 1, 2015 *(Signed by Governor Malloy 7/7/2015)*

**PUBLIC ACT 15-232 - S.B. NO. 843 - AN ACT CONCERNING TRAUMA-INFORMED PRACTICE TRAINING FOR TEACHERS, ADMINISTRATORS AND PUPIL PERSONNEL.**

By law, local and regional boards of education must provide in-service training on certain topics (e.g., CPR, bullying prevention) for certified teachers, administrators, and pupil personnel (i.e., school

employees). The State Board of Education (SBE), within available appropriations and using available materials, must assist and encourage the school boards to provide in-service training on additional topics (e.g., mental health first aid training).

This act requires SBE to assist and encourage school boards to also include training on trauma-informed practices for the school setting, so that school employees can more adequately respond to students with mental, emotional, or behavioral health needs. The act does not define “trauma-informed practice.”

**EFFECTIVE DATE:** October 1, 2015 (*Signed by Governor Malloy 6/30/2015*)

## **BUDGET & BONDING**

### **PUBLIC ACT 15-244 - H.B. NO. 7061 - AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2017, AND MAKING APPROPRIATIONS THEREFOR, AND OTHER PROVISIONS RELATED TO REVENUE, DEFICIENCY APPROPRIATIONS AND TAX FAIRNESS AND ECONOMIC DEVELOPMENT.**

The act contains spending and revenue for the FY 16 - FY 17 biennium and includes spending adjustments for FY 15. The act includes appropriations in nine funds totaling \$19.8 billion in FY 16 and \$20.5 billion in FY 17. DCF appropriations total \$ 821,409,856 in FY 16 and \$ 833,527,745 in FY 17. It also makes various state tax and revenue changes.

Other provisions of interest to DCF include:

- § 10 (a) - OPM shall recommend reductions in executive branch expenditures for FY 16 and FY 17 by \$9,678,316. This represents .05% of the FY 16 and FY 17 executive branch appropriations.
- § 11 (a) - OPM shall recommend reductions in executive branch expenditures in Personal Services by \$30.9 million for FY 16 and FY 17. Savings to be achieved by implementing a statewide hiring reduction across executive branch agencies. This represents .16% of the FY 16 and FY 17 executive branch appropriations.
- § 16 - Suspends the rate adjustments for DCF-funded private residential treatment centers in FY 16 and FY 17. The savings of \$3.2 million in FY 16 and \$4.4 million in FY 17 are reflected in Section 1 of the act in DCF's budget.
- § 17 (a)(b) - Allows OPM to transfer funding to and from the Reserve for Salary Adjustments account (RSA) and other agencies for specific salary and wage related expenses such as accrual payouts and unsettled contract costs.
- § 18 (a) - Allows for the unexpended funds for collective bargaining costs to be carried forward from FY 15 into FY 16 and FY 17. It is estimated up to \$8,153,104 in the General Fund and up to \$3,569,996 in the Special Transportation Fund will be carried forward. In FY 16, total funding would be up to \$30,393,406 for the General Fund and up to \$5,466,276 for the Special Transportation Fund.
- § 18 (b) - Allows for the unexpended funds for collective bargaining costs to be carried forward from FY 16 into FY 17.
- § 20 - Allows for the transfer of funds between agencies via the use of Finance Advisory Committee (FAC) to maximize federal matching funds. This allows any General Fund appropriation to be transferred between agencies to maximize federal funding with FAC approval.

Funds generated through transfer may be used to reimburse GF expenditures or expand programs as determined by Governor and with FAC approval.

- § 21 (a)(b) - Allows for the adjustments to appropriations, with the approval of FAC, to maximize federal funding available to the state. This allows any General Fund appropriation to be adjusted by the Governor with FAC approval in order to maximize federal funding. The Governor shall present a plan for any such transfer.
- § 37 (e) - Allows for up to \$55,000 to be carried forward in the Legislative Management budget for CASE to be used in FY 16 and FY 17 for a family violence study.
- § 38 - OPM shall recommend reductions in an appropriate and proportionate manner among branches and agencies to facilitate a reduction in General Fund expenditures of \$7,110,616 in FY 16 and \$12,816,745 in FY 17. This shall only apply to state employees.

Please note that additional budget adjustments are included in *June Special Session, Public Act 15-5*.

**EFFECTIVE DATE:** Most provisions effective July 1, 2015. (*Signed by Governor Malloy 6/30/2015*)

**JUNE SPECIAL SESSION, PUBLIC ACT 15-1 - S.B. No. 1501 - AN ACT AUTHORIZING AND ADJUSTING BONDS OF THE STATE FOR CAPITAL IMPROVEMENTS, TRANSPORTATION AND OTHER PURPOSES.**

This act authorizes up to \$1.866 billion in each year for FY 16 and FY 17 in state general obligation (GO) bonds for state capital projects and grant programs, including school construction, economic development, municipal aid, and housing development and rehabilitation programs. It also cancels or reduces up to \$272.5 million in GO bond authorizations and \$3 million in special tax obligation (STO) bond authorizations from prior fiscal years.

***Bond Authorizations for State Agency Projects and Grants***

The act authorizes new GO bonds for FY 16 and FY 17 for the state projects and grant programs, including the following DCF authorizations listed below:

§§	FOR	FY 16	FY 17
2(o), 21(p)	Alterations, renovations, and improvements to buildings and grounds	3,828,000	2,073,000

***General Obligation Bond Cancellations and Reductions***

The act cancels or reduces all or part of bond authorizations for the projects and grants shown below:

§§	FOR	CURRENT AUTHORIZATION	AMOUNT CANCELED
98	Grants to private, nonprofit organizations to construct and renovate community youth centers for neighborhood recreation or education purposes, including the Boys and Girls Clubs of America, YMCAs, YWCAs, and community centers (repeals earmark for Bridgeport Police Athletic League (\$1,000,000) and Burroughs Community Center (\$750,000))	5,000,000	87,800
137	Development of self-contained, secure treatment facility for girls	5,000,000	4,357,000
178	Self-contained, secure treatment facility for girls	6,000,000	6,000,000

196	Construct a secure facility for delinquent girls ages 14-17	4,700,000	4,700,000
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**EFFECTIVE DATE:** July 1, 2015 for FY 16 bond authorizations and July 1, 2016 for FY 17 authorizations. Other sections are effective July 1, 2015, unless otherwise noted below. (*Signed by Governor Malloy 6/30/2015*)

**JUNE SPECIAL SESSION, PUBLIC ACT 15-5 - S.B. No. 1502 - AN ACT IMPLEMENTING PROVISIONS OF THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2017 CONCERNING GENERAL GOVERNMENT, EDUCATION AND HEALTH AND HUMAN SERVICES.**

A section-by-section analysis of provisions of interest to the Department of Children and Families follows. See below.

**EFFECTIVE DATE:** Most sections effective July 1, 2015 unless otherwise specified. (*Signed by Governor Malloy 6/30/2015*)

**§§ 43 through 46 — Insurance Coverage for Certain Conditions**

Public Act 15-226 expands the services certain health insurance policies must cover for mental and nervous conditions. The act delays, from January 1, 2016 to January 1, 2017, the requirement to cover the services required by the act.

The act applies to individual and group health insurance policies issued, delivered, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, or (4) hospital or medical services, including those provided through an HMO. Due to the federal Employee Retirement Income Security Act, state insurance mandates do not apply to self-insured benefit plans.

The effective date for these sections is January 1, 2016 for the provisions removing required coverage, and January 1, 2017 for the provisions reenacting them. (*Signed by Governor Malloy 6/30/2015*)

**§ 93 — Boys and Girls Clubs Grants**

The act specifies that \$1,000,000 appropriated to the State Department of Education for Neighborhood Youth Centers for both FY 16 and 17 must be made available in each fiscal year for grants to the Boys and Girls Clubs of America located in the state.

**§ 94 — Youth Services Prevention**

The act specifies that the Judicial Department Youth Services Prevention appropriations must be distributed to certain governmental and non-governmental entities, in both FYs 16 and 17.

**§ 95 — DSS Fatherhood Initiative Program Grants**

For FYs 16 and 17, the act requires DSS to provide grants under the Fatherhood Initiative Program proportionately to the same providers that received funding in FY 15.

**§§ 155 & 156 — Budget Adjustments**

Section 155 reduces General Fund appropriations by \$14 million in FY 16 and \$27 million in FY 17. It reduces Medicaid by \$1.5 million in each fiscal year, the Reserve for Salary Adjustment account by \$13 million in FY 17, and creates a new Targeted Savings lapse of \$12.5 million in each fiscal year.

Section 156 identifies the General Fund accounts that the Secretary of the Office of Policy and Management may recommend reductions to in order to achieve the Targeted Savings lapse of \$12.5 million. The DCF reductions are:

<b>DEPARTMENT OF CHILDREN AND FAMILIES</b>	<b>2015-2016</b>	<b>2016-2017</b>
Other Expenses	530,757	513,624
Workers' Compensation Claims	158,100	158,100
No Nexus Special Education	29,000	30,249

**§§ 243 & 244 — *Surrogate Parent Program***

The act establishes a surrogate parent program administered by the Department of Education (SDE), in consultation with the DCF Commissioner. Under the program, the SDE commissioner must appoint a surrogate parent, within available appropriations, for any foster child selected by DCF who resides in DCF's Region 3 (i.e., the Eastern Connecticut service region, principally comprising the Middletown, Norwich, and Willimantic areas). The act does not specify the criteria DCF will use to select the children.

In this context, a surrogate parent is a person appointed by the SDE Commissioner as a child's advocate in the educational decision-making process in place of the child's parents or guardian. By law, surrogate parents are protected by school employee indemnification laws.

The appointed surrogate parent must represent the foster child in the educational decision-making process, provided the child's parent or guardian (1) agrees or fails to object to the surrogate's appointment, (2) receives identical notice as the surrogate parent, and (3) may revoke the surrogate's appointment at any time.

The act requires the DCF and SDE Commissioners, starting by January 1, 2016, to annually report on the surrogate parent program to the Children's and Education Committees.

The act also makes a conforming change.

**§ 257 – *Youth Service Bureaus***

Under current law, Youth Service Bureau (YSB) grants are limited to the YSBs that were (1) eligible to receive them in FY 07 or (2) that applied by June 30, 2012 after the host town approves the local contribution. The act also makes YSBs eligible if they applied for a grant during FY 15.

**§§ 259 through 261 – *Birth to Three Program Lead Agency***

The act makes OEC and its Commissioner the lead agency for the Birth-to-Three program, which provides early intervention services to families with infants and toddlers who have developmental delays or disabilities.

It also requires the OEC Commissioner to post notice of intention to adopt or amend regulations governing the collection of fees from early intervention service recipients on the eRegulations system, rather than print the notice in the Connecticut Law Journal. Additionally, it makes several conforming changes.

**§§ 262 & 521 — *Birth -to-Three Hearing Tests***

The act establishes an October 1, 2015 deadline for the Early Childhood Commissioner to require, as part of the Birth-to-Three program, that notice of the availability of hearing tests be given to parents and guardians of children receiving program services who are exhibiting delayed speech, language, or hearing development. Public Act 15-81, which the act repeals, (1) imposes the same deadline for the Department of Developmental Services to require the notice and (2) contains similar notice and regulatory provisions.

The notice required under the act may include information on the benefits of, and available financial assistance for, hearing tests for children, as well as available hearing test and treatment resources.

The act allows the Early Childhood Commissioner to adopt implementing regulations.

**§ 282 — *Interagency MOUs.*** The act requires the State Department of Education (SDE) to enter into MOUs with the Bureau of Rehabilitation Services, Office of Early Childhood, Department of Developmental Services, Department of Children and Families, Department of Social Services, and Department of Correction about providing special education, health care, and transition services. The MOUs must (1) account for current programs and services, (2) utilize best practices, and (3) be updated or renewed at least every five years.

It also allows the above agencies, other than SDE, to enter into MOUs with each other as necessary for the same purpose. The MOUs must meet the same criteria listed above.

**§§ 347 through 350 — *Behavioral Health and Autism Spectrum Disorder Services***

The act:

- (1) expands certain individual and group health insurance policies' required coverage of autism spectrum disorder (ASD) services and treatment;
- (2) expands existing law's group policy behavioral therapy coverage requirements for people with ASD and also applies it to individual policies;
- (3) eliminates maximum coverage limits on the Birth-To-Three program; and
- (4) makes technical and conforming changes.

The coverage provisions apply to health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, or (4) hospital or medical services, including those provided through an HMO. Due to the federal Employee Retirement Income Security Act, state insurance benefit mandates do not apply to self-insured plans.

The effective date for these sections is January 1, 2016.

**§ 351 — *DSS Commissioner's Designated Services and Interventions***

The act requires the Developmental Services Commissioner, in consultation with the Autism Spectrum Disorder Advisory Council, to designate services and interventions that demonstrate, in accordance with medically established and research-based best practices, empirical effectiveness for treating ASD. The commissioner must update the designations (1) periodically and (2) whenever he deems it necessary to conform to changes recognized by the relevant medical community in evidence-based practices or research.

**§ 353 — Insurance Department Data Collection Working Group**

The act requires the Insurance Commissioner, by October 1, 2015, to convene a working group to develop recommendations for uniformly collecting behavioral health utilization and quality measures data from: (1) state agencies that pay health care claims, (2) group hospitalization and medical and surgical plans established by the Comptroller for state employees and certain other individuals, (3) the state medical assistance program, and (4) health insurance companies and HMOs that write health insurance policies and health care contracts in Connecticut.

The recommendations' purposes must include protecting behavioral health parity for youth and other populations.

The working group consists of the (1) Healthcare Advocate, (2) Insurance, Social Services, Public Health, Mental Health and Addiction Services, Children and Families and Developmental Services Commissioners, and (3) Comptroller, or any of their designees. It may also include representatives from health insurance companies or HMOs or any other members the Insurance Commissioner deems necessary and relevant to carry out the group's duties.

**§ 356 — Psychiatric Services Study**

The act requires the DMHAS Commissioner to study the current adequacy of psychiatric services. She must do so in consultation with the Children and Families (DCF) and Social Services (DSS) Commissioners and behavioral health providers, including hospitals and advocacy agencies.

The study must include:

- (1) a determination of how many short-term, intermediate, and long-term psychiatric beds are needed in each region of the state;
- (2) the average wait times for each type of bed;
- (3) the impact of wait times on people needing inpatient psychiatric services, their families, and providers of this type of care;
- (4) identification of public and private funding sources to maintain the necessary number of beds;
- (5) access to outpatient services, including wait times for initial appointments;
- (6) available housing options; and
- (7) access to alternatives to hospitalization, including peer-operated respite programs.

The DMHAS Commissioner must report on this study to the Appropriations, Human Services, and Public Health Committees by January 1, 2017. The report must include recommendations on:

- (1) expanding utilization criteria to increase access to acute, inpatient psychiatric services statewide;
- (2) increasing the number of available long-term, inpatient hospital beds for people with recurring needs for inpatient behavioral health services;
- (3) funding to increase the number of psychiatric beds;
- (4) placing additional psychiatric beds in health care facilities throughout the state; and
- (5) funding to increase alternatives to hospitalization, including access to outpatient services, housing, and peer-operated respite programs.

**§§ 357 & 358 — Behavioral Services Program**

The act renames the Department of Developmental Services “Voluntary Services Program” as the “Behavioral Services Program” to reflect current practice. The program serves children and adolescents with intellectual disabilities and emotional, behavioral, or mental health needs.

**§§ 395 through 398 — *Elimination of Case Management Requirements for Medicaid Participants***

The act eliminates all requirements related to the provision of intensive case management services (ICM) to certain Medicaid recipients. DSS, DCF, and DMHAS contract with administrative service organizations (ASOs) to administer medical and behavioral health services for those who receive assistance under HUSKY Health. The act eliminates provisions requiring these ASOs, beginning July 1, 2016, to also provide ICM services that include, among other things: (1) identifying hospital emergency departments with high numbers of “frequent users” (i.e., Medicaid clients with 10 or more annual emergency department visits), (2) creating regional ICM teams to work with emergency department doctors, and (3) assigning at least one ICM team staff member to participating emergency departments during hours of highest use.

It also eliminates requirements for ASOs with access to complete client claim adjudicated history to, beginning July 1, 2016, annually analyze Medicaid clients' use of hospital emergency departments and report on such use to DSS and the Council on Medical Assistance Program Oversight. The act eliminates DSS' obligation to use the report to monitor ASO performance.

The act also removes a requirement that DSS ensure that contracts with a medical ASO include provisions requiring the ASO to: (1) conduct assessments of primary care doctors and specialists to determine patient ease and access to services; (2) perform outreach to Medicaid clients to inform them about, and connect them to, primary care providers; and (3) arrange visits by Medicaid clients with primary care providers after the clients visit an emergency department.

The act instead allows DSS to contract with the behavioral health ASO to provide intensive care management, a term the act does not define. In practice, DSS defines this term as various services using licensed care managers to help people with complex health care needs better understand and manage their care. By law, contracts with the medical ASO must include a provision to reduce inappropriate use of hospital emergency department services. The act allows this provision to include intensive care management. Current law requires DSS and DMHAS, in consultation with the Office of Policy and Management, to ensure submission of eligible expenditures for intensive case management to CMS for Medicaid reimbursement. The act eliminates this requirement and instead requires submission of eligible expenditures for intensive care management.

The effective date for these sections is July 1, 2016.

**§ 415 — *Statewide Sexual Abuse and Assault Awareness Program***

The act extends, from July 1, 2015 to July 1, 2016, the date by which the Department of Children and Families, together with the Department of Education (SDE) and Connecticut Sexual Assault Crisis Services, Inc., or a similar organization, must identify or develop a statewide sexual abuse and assault awareness and prevention program for use by regional and local school boards. It also extends, from October 1, 2015 to October 1, 2016, the date by which school boards must implement the program.

**§§ 418 & 419 — *Homeless Youth Program***

The act transfers from DCF to the Department of Housing (DOH) responsibility for administering the state's homeless youth program, effective July 1, 2017. However, it requires DOH to establish the program in collaboration with DCF. DOH must run the program within available appropriations, just as DCF must do under existing law.



The act expands program eligibility to include homeless youth age 23 or younger, instead of only those under age 21. By law, the program may provide public outreach, respite housing, or transitional living services to youth who are homeless or at risk of homelessness.

Beginning by February 1, 2018, the act requires the DOH and DCF Commissioners to jointly submit an annual program report to the Housing and Children's committees. Currently, the DCF Commissioner submits the report to the Children's Committee. By law, the report must include recommendations for programmatic changes, outcome indicators and measures, and benchmarks for evaluating progress.

**§ 424 — *Executive Branch Exemptions from Classified Service***

The act exempts the following positions, as classified within the Executive Branch, from the state employee classified service: (1) Director of Communications 1; (2) Director of Communications 1 (Rc); (3) Director of Communications 2; (4) Director of Communications 2 (Rc); (5) Legislative Program Manager; (6) Communications and Legislative Program Manager; (7) Director of Legislation, Regulation, and Communication; (8) Legislative and Administrative Advisor 1; and (9) Legislative and Administrative Advisor 2. By law, positions exempt from the classified service are not subject to civil service exams and other hiring and promotion procedures that apply to classified service positions.

**§ 425 — *Interpreters for State Agencies***

This act requires state agencies unable to meet a request for deaf or hard of hearing interpreter services with their own staff to ask the Department of Rehabilitation Services (DORS) to provide the services before requesting them from elsewhere. The act allows a state agency to seek interpreting services elsewhere if (1) DORS cannot fulfill the agency's request within two business days or (2) the agency shows good cause that it needs such services immediately. The act applies to any office, department, board, council, commission, institution, or other executive or legislative branch agency.

The act exempts DORS from its requirements if the department needs interpreting services related to an internal matter and the use of department interpreters may raise confidentiality issues. The act also does not affect preexisting interpreting services contracts.

By law, anyone who receives compensation for providing interpreting services or provides the services as part of his or her job duties must be registered with DORS and meet certain qualification requirements (CGS § 46a-33a). The act specifies that interpreting services provided by state agencies must comply with this law.

By law, DORS must provide interpreting services, to the extent providers of interpreting services are available, if requested by any person or public or private entity. Service recipients must reimburse DORS through rates set by the department's Commissioner (CGS § 46a-33b).

**§ 441 — *Family Violence Intervention Units***

Public Act 15-211, among other things, requires the Superior Courts' family violence intervention units to monitor compliance of offenders participating in the pretrial family violence education program. The act also requires the units to monitor offenders referred to other pretrial services or programs. By law, under the oversight of the Judicial Branch's Court Support Services Division, the local family violence intervention units accept referrals of family violence cases from judges or prosecutors.

The effective date for this section is January 1, 2016.

**§ 449 — Probate Fee Increases and Related Matters**

Under current law, the general fee for most probate court matters, other than those relating to estate settlement or periodic accounts of fiduciaries, is \$150. This fee applies to applications, petitions, or motions to bring a matter to probate court, other than matters for which a different fee or exemption applies by law.

Starting January 1, 2016, the act raises this fee to \$225. Under the act, this fee applies to file each of the following motions, petitions, or applications in all probate matters other than estate settlement, as shown below.

**Probate Filings Subject to \$225 Fee Under Act**

<i>Action</i>
With respect to a minor: <ul style="list-style-type: none"><li>• Appoint a temporary or permanent guardian; guardian or coguardian; temporary custodian; or statutory parent</li><li>• Remove a guardian, including appointing another</li><li>• Reinstate a parent as guardian</li><li>• Terminate parental rights, including appointing a guardian or statutory parent</li><li>• Grant visitation</li><li>• Make findings on special immigrant juvenile status</li><li>• Approve an adoption or validate a foreign adoption</li><li>• Resolve a dispute concerning a standby guardian</li><li>• Approve a plan for Department and Children and Families voluntary services</li><li>• Conduct an in-court review to modify an order</li><li>• Grant emancipation</li><li>• Grant approval to marry (the current fee is \$25)</li><li>• Transfer funds to a custodian under the Uniform Transfers to Minors Act or appoint a successor custodian</li><li>• Grant authority to purchase real estate</li></ul>
Determine paternity
Determine the age and birth date of an adopted person born outside the country
With respect to adoption records: <ul style="list-style-type: none"><li>• Appoint a guardian ad litem for a biological relative who cannot be found or appears to be incompetent</li><li>• Appeal an agency's refusal to release information</li><li>• Release medical information needed for treatment</li><li>• Grant access to an original birth certificate</li></ul>
Approve an adult adoption
With respect to a conservatorship: <ul style="list-style-type: none"><li>• Appoint a temporary conservator, conservator, or special limited conservator</li><li>• Change residence, terminate a tenancy or lease, sell or dispose of household furnishings, or place the person in a long-term care facility</li><li>• Determine competency to vote</li><li>• Approve a spouse's support allowance</li><li>• Grant authority to elect the spousal share, purchase real estate, or consent to involuntary medication</li></ul>

<ul style="list-style-type: none"> <li>• Give instructions on administering a joint asset or liability</li> <li>• Distribute gifts</li> <li>• Determine life sustaining treatment</li> <li>• Transfer the person to or from another state</li> <li>• Modify the conservatorship in connection with a periodic review</li> <li>• Terminate the conservatorship</li> <li>• Grant a writ of habeas corpus</li> </ul>
Resolve a dispute on advance directives or life sustaining treatment for someone who does not have a conservator or guardian
Enjoin someone from interfering with the provision of protective services to an elderly person
<p>With respect to an adult with intellectual disability:</p> <ul style="list-style-type: none"> <li>• Appoint a temporary limited guardian, guardian, or standby guardian</li> <li>• Grant visitation</li> <li>• Modify the guardianship in connection with a periodic review</li> <li>• Determine life sustaining treatment</li> <li>• Approve or review an involuntary placement</li> <li>• Grant a writ of habeas corpus</li> </ul>
<p>With respect to psychiatric disability:</p> <ul style="list-style-type: none"> <li>• Commit someone for treatment</li> <li>• Issue a warrant to examine someone at a general hospital</li> <li>• Determine whether there is probable cause to continue an involuntary confinement or review an involuntary confinement for possible release</li> <li>• Authorize shock therapy or medication</li> <li>• Review the status of someone under age 16 as a voluntary patient</li> <li>• Recommit someone under age 16 for further treatment</li> </ul>
<p>With respect to drug or alcohol dependency:</p> <ul style="list-style-type: none"> <li>• Commit someone for treatment or recommit someone for further treatment</li> <li>• Terminate an involuntary confinement</li> </ul>
<p>With respect to tuberculosis:</p> <ul style="list-style-type: none"> <li>• Commit someone for treatment</li> <li>• Issue a warrant to enforce an examination order</li> <li>• Terminate an involuntary confinement</li> </ul>
Compel an account by the trustee of an inter vivos trust, attorney-in-fact, custodian under the Uniform Transfers to Minors Act, or treasurer of an ecclesiastical society or cemetery association
<p>With respect to a testamentary or inter vivos trust:</p> <ul style="list-style-type: none"> <li>• Construe, divide, reform, or terminate the trust</li> <li>• Appoint a trustee to fill a vacancy</li> <li>• Determine title to property</li> <li>• Apply the cy pres or approximation doctrines</li> <li>• Authorize the trustee to disclaim a property interest</li> <li>• Enforce a pet trust</li> </ul>
Authorize a fiduciary to establish a trust
Appoint a trustee for a missing person

Change someone's name
Issue an order to amend a birth certificate of someone born in another state, to reflect a gender change
Require the Department of Public Health to issue a delayed birth certificate
Compel a cemetery association's board to disclose the minutes of its annual meeting
Issue an order to protect a grave marker
Restore rights to buy, possess, and transport firearms
Issue an order allowing sterilization
With respect to any Probate Court case other than one involving a decedent's estate: <ul style="list-style-type: none"> <li>• Compel or approve a fiduciary's action</li> <li>• Give advice or instruction to a fiduciary</li> <li>• Authorize a fiduciary to compromise a claim</li> <li>• List, sell, or mortgage real property</li> <li>• Determine title to property</li> <li>• Resolve a dispute between cofiduciaries or among fiduciaries</li> <li>• Remove a fiduciary</li> <li>• Appoint a successor fiduciary to fill a vacancy</li> <li>• Approve fiduciary or attorney's fees</li> <li>• Apply the cy pres or approximation doctrines</li> <li>• Reconsider, modify, or revoke an order</li> <li>• Decide an action on a probate bond</li> </ul>

**§§ 486 through 489 — *Criminal and Juvenile Justice Program Inventories***  
**Program Inventories**

The act requires the Judicial Branch's Court Support Services Division (CSSD) and the Departments of Correction, Children and Families, and Mental Health and Addiction Services, by January 1, 2016, to (1) compile complete lists of each agency's criminal and juvenile justice programs and (2) categorize them as evidenced-based, research-based, promising, or lacking any evidence. The agencies must also do this by October 1 every even-numbered year after that.

Each designated agency's list must include the following information for the previous fiscal year:

- (1) a detailed program description and the names of providers,
- (2) the intended treatment population and outcomes,
- (3) total annual program expenditures and a description of funding sources,
- (4) the method for assigning participants,
- (5) the cost per participant,
- (6) the annual capacity for and the number of actual participants, and
- (7) an estimate of the number of people eligible for or needing the program.

CSSD and the Departments must submit the program inventories to OPM's Criminal Justice Policy and Planning Division, the Appropriations and Finance, Revenue and Bonding committees, the Office of Fiscal Analysis (OFA), and the Institute for Municipal and Regional Policy (IMRP) at Central Connecticut State University.

Using the program inventory data, IMRP must develop a cost-benefit analysis for each program and submit the report of its analyses to OPM, the Appropriations and Finance, Revenue and Bonding committees, and

OFA, by March 1, 2016 and annually by November 1 after that. IMRP's cost-benefit analyses may be included as part of OPM's and OFA's annual fiscal accountability report due by November 15 to the Appropriations and Finance, Revenue and Bonding committees each year. Under the act, "cost beneficial" means the cost savings and benefits realized over a reasonable period of time are greater than the costs of implementation.

By law, OPM must develop a plan to promote a more effective and cohesive state criminal justice system. Under the act, to accomplish this, OPM must also review the program inventories and cost benefit analyses and consider incorporating them in its budget recommendations to the legislature.

### **Agency Expenditure Estimates**

Under the act, the designated agencies' expenditure requirements submitted to OPM and the legislature may include costs to implement evidence-based programs and the governor may include these costs in the budget he submits to the legislature.

### **Program Definitions**

The act defines each program category as follows:

- (1) An "evidence-based program" incorporates methods demonstrated to be effective for the intended population through scientifically based research, including statistically controlled evaluations or randomized trials; can be implemented with a set of procedures to allow successful replication in Connecticut; achieves sustained, desirable outcomes; and, when possible, has been determined to be cost-beneficial.
- (2) A "research-based program" is a program or practice that has some research demonstrating effectiveness, such as one tested with a single randomized or statistically controlled evaluation, but does not meet the full criteria for evidence-based.
- (3) A "promising program" is a program or practice that, based on statistical analyses or preliminary research, shows potential for meeting the evidence-based or research-based criteria.

The effective date for these sections is July 1, 2015, except the provision on estimates of agency expenditures on evidence-based programs is effective July 1, 2016.

### **§ 515 — *Repeal of Mental Health and Substance Use Disorder Services Working Group***

The act repeals Section 3 of Public Act 15-226. The repealed provisions required the insurance commissioner and the healthcare advocate to convene a working group to improve the alignment of utilization review procedures and health insurance coverage with the clinical recommendations of treating health care providers.

## **DECEMBER SPECIAL SESSION, PUBLIC ACT 15-1 - S.B. No. 1601 - AN ACT MAKING CERTAIN STRUCTURAL CHANGES TO THE STATE BUDGET AND ADJUSTMENTS TO THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2017.**

A section-by-section analysis of provisions of interest to the Department of Children and Families follows. See below.

### **§§ 1-3 — *Reduced Appropriations for FY 16 and FY 17***

This act reduces appropriations for state programs and purposes and transfers money from special funds and accounts to the General Fund to address the projected deficit for FYs 16 and 17.

<b>DCF Budget Reductions</b>	<b>2015-2016</b>	<b>2016-2017</b>
Personal Services	250,000	250,000
Other Expenses	372,500	372,500
Juvenile Justice Outreach Services	144,974	144,974
No Nexus Special Education	77,334	77,334
Covenant to Care	7,990	7,990
Neighborhood Center	10,017	10,017

The act authorizes the Office of Policy and Management (OPM) Secretary to reduce FY 16 and FY 17 allotments to the General Fund by a total of \$85,752,529 in each fiscal year. It requires him to achieve these reductions proportionally across programs, except as necessary to achieve the budgeted savings. The act also allows him to reduce FY 16 allotments to the Special Transportation Fund (STF) by \$35,200,000.

To achieve additional General Fund budget savings during FYs 16 and 17, the act authorizes the OPM Secretary to reduce allotments in each fiscal year by \$93,076,192 in the executive branch, \$2,000,000 in the legislative branch, and \$15,000,000 in the judicial branch. It prohibits the OPM Secretary from reducing (1) executive branch allotments by more than 1% of any appropriation or (2) any such allotment concerning municipal aid.

Under the act, the six legislative leaders and the Chief Justice and Chief Public Defender must determine how the OPM Secretary will achieve the reductions in the legislative and judicial branches, respectively.

**EFFECTIVE DATE:** Upon passage

**§ 21 — *State Agency Overtime Reports by Office of Fiscal Analysis***

The act requires the Office of Fiscal Analysis (OFA) to issue a report, by January 1, 2016 and each following quarter, on the overtime each state agency grants to its employees.

The report must include an analysis of (1) how much overtime each state agency grants and (2) how many employees receive overtime pay. OFA must submit the reports to the Appropriations Committee.

**EFFECTIVE DATE:** Upon passage

**§ 22 — *Executive Branch Overtime***

The act requires the OPM Secretary, by March 15, 2016 and March 15, 2017, to report to the Appropriations Committee on efforts to reduce overtime in the Executive Branch during FY 16 and FY 17, respectively.

**EFFECTIVE DATE:** Upon passage

**§ 25 — *Efficiency Planning Task Force***

The act establishes an Efficiency Planning Task Force to (1) identify and evaluate the efficiency of state services that cost the state, on average, more than \$250,000 per recipient annually and (2) make legislative recommendations for more efficient service provision.

The task force consists of eight General Assembly members, with an equal number of Democrat and Republican members. The top four Majority Leaders appoint one member each and the top two Minority Leaders appoint two members each. Appointing authorities must make their appointments no later than 30 days after the act's passage and fill any vacancies.

The House Speaker and Senate President must jointly select a Co-Chairperson from among the task force's members; the House and Senate Minority Leaders must jointly select the second from among the members. The Chairpersons must schedule and hold the first meeting for no later than 60 days after the act's passage.

By December 8, 2016, the task force must submit its findings to the Appropriations and Government Administration and Elections Committees. It terminates on the date when it submits the report or December 8, 2016, whichever is later. The Government Administration and Elections Committee administrative staff serves in that capacity for the task force.

**EFFECTIVE DATE:** Upon passage

## **OTHER ACTS OF INTEREST**

### **PUBLIC ACT 15-45 - S.B. NO. 925 - AN ACT ESTABLISHING A HOME VISITATION PROGRAM CONSORTIUM.**

This act establishes a Home Visitation Program Consortium of up to 25 members to advise the Office of Early Childhood (OEC) and the Children and Families (DCF), Developmental Services (DDS), and Education (SDE) Departments on the implementation of OEC's recommendations to coordinate home visitation programs within the early childhood system. (As required by law, OEC submitted the recommendations on December 1, 2014 to the Appropriations, Children's, Education, and Human Services Committees.) By September 15, 2016, the consortium must begin annual reporting to the Children's Committee.

The act also makes technical changes.

**EFFECTIVE DATE:** Upon passage (*Signed by Governor Malloy 6/5/2015*)

### **DCF LEGISLATIVE PROPOSAL**

### **PUBLIC ACT 15-51 - H.B. NO. 6724 - AN ACT CONCERNING TECHNICAL AND MINOR REVISIONS TO THE DEPARTMENT OF CHILDREN AND FAMILIES STATUTES.**

This act renames the Department of Children and Families' (DCF) "adoption resource exchange" as the "permanency resource exchange," and it expands its purpose to include recruitment of families seeking to become guardians of children awaiting placement. Under current law, the adoption resource exchange links children with permanent families by providing information and referral services and recruiting potential adoptive families.

The act replaces references to DCF's "differential response program" with references to the "family assessment response program" to reflect the program's current name.

It also eliminates certain statutory references to "certified relative caregivers." DCF stopped placing children with certified relatives in 2001 because those placements did not qualify for federal reimbursement.

**EFFECTIVE DATE:** October 1, 2015, except the provision replacing the differential response program with the family assessment response program is effective on passage. (*Signed by Governor Malloy 6/19/2015*)

**PUBLIC ACT 15- 54 - H.B. NO. 6815 - AN ACT CONCERNING THE DEFINITION AND USE OF THE TERM "INTELLECTUAL DISABILITY".**

Public Acts 11-16 and 13-139 substituted the term "intellectual disability" for "mental retardation" in several statutes to reflect changes in federal law and the developmental disabilities community. This act makes conforming changes by:

- (1) replacing a reference to "mental retardation" with "intellectual disability" in a statute defining the term,
- (2) eliminating an obsolete provision that lists statutory references in which "intellectual disability" has the same meaning as "mental retardation," and
- (3) expanding the definition's application to all uses of "intellectual disability" throughout the statutes except as otherwise provided.

Current law defines "intellectual disability" as a significant limitation in intellectual functioning and deficits in adaptive behavior that began before a person turned 18. The act specifies that the limitation must exist concurrently with the adaptive deficits.

Lastly, the act corrects an improper reference to federal regulations that define intermediate care facilities for individuals with intellectual disabilities.

**EFFECTIVE DATE:** Upon passage (*Signed by Governor Malloy 6/19/2015*)

**PUBLIC ACT 15-62 - H.B. NO. 6403 - AN ACT CONCERNING SECURITY FREEZES ON CHILDREN'S CREDIT REPORTS.**

This act allows a minor's parent or legal guardian to place a security freeze on the minor's credit report. Under the act, a "minor" is someone under age 18 when a security freeze request is submitted.

Under the act, the freeze prohibits a credit rating agency from releasing the minor's credit report and information derived from it, if the agency has information about the child. If the agency does not have any information about the child, it must create, but not release, a record that compiles the information the agency created that identifies the child. The agency cannot use the record to consider the child's credit worthiness, standing, or capacity; character; reputation; personal characteristics; or mode of living. The act prohibits the agency from releasing the child's credit report, information derived from it, or records created for the child.



To initiate a security freeze, the act requires the parent or guardian to provide the credit rating agency with:

- (1) a written request by certified mail or other secure method authorized by the rating agency and
- (2) proper identification and sufficient proof of authority to act for the minor, such as a court order, an original copy of the minor's birth certificate, or a written notarized statement signed by the parent or guardian that expressly describes his or her authority to act and is acknowledged according to law by a Judge, Family Support Magistrate, Court Clerk or Deputy Clerk with a seal, Town Clerk, Notary Public, Justice of the Peace, or Connecticut-licensed attorney.

The act requires the agency to freeze the minor's credit report within five business days of receiving a request. The parent or legal guardian can request the freeze's removal by submitting (1) a written request to the agency in the same way as current law allows for freezes of an adult's credit report and (2) proper identification and sufficient proof of authority to act for the child. The agency must remove a freeze within 15 business days of a request.

**EFFECTIVE DATE:** October 1, 2015 (*Signed by Governor Malloy 6/19/2015*)

**PUBLIC ACT 15-71 - H.B. NO. 6973 - AN ACT ADOPTING THE UNIFORM INTERSTATE FAMILY SUPPORT ACT OF 2008.**

This act makes numerous changes to Connecticut's Uniform Interstate Family Support Act (UIFSA) to adopt the 2008 revisions recommended by the National Council of Commissioners of Uniform State Laws and required by federal law (Public Law 113-183) to remain eligible for continued federal IV-D funding for child support enforcement. UIFSA generally seeks to establish rules for determining which order should be given effect when two or more jurisdictions have issued conflicting support or modification orders involving the same parties. The 2008 revisions incorporate provisions from the Hague Maintenance Convention ("Convention") into state law).

The act repeals Connecticut's current UIFSA and replaces it with similar provisions. It makes several existing procedures for child support orders issued out-of-state or to parties residing out-of-state applicable to orders issued in a foreign country or parties residing in a foreign country (§§ 1-78 & 94). Among the other changes it makes to UIFSA, the act:

- (1) adds several new definitions to conform with the 2008 revisions (§ 2);
- (2) replaces, throughout UIFSA, references to (1) "paternity" with "parentage of a child" and (2) "family support magistrate" and "Family Support Magistrate Division (FSMD) of the Superior Court" with "tribunal";
- (3) broadens the state tribunals' (i.e., the Superior Court and its FSMD) authority to modify child support orders (§ 55);
- (4) requires tribunals to adhere to UIFSA for support proceedings involving a foreign (a) support order, (b) tribunal, or (c) resident who is an obligee, obligor, or child in the proceedings (§ 5);
- (5) adds provisions to UIFSA that directly address how the Superior Court and Department of Social Services' Bureau of Child Support Enforcement (BCSE) must handle Convention support orders (i.e., orders issued in a country that is a Convention signatory) and foreign support agreements (§§ 61 – 73);
- (6) establishes that the BCSE and the Superior Court's Support Enforcement Services (SES) are the state's support enforcement agencies (§ 5);
- (7) requires SES, in UIFSA-related proceedings, to (a) perform clerical, administrative, and other nonjudicial functions on FSMD's behalf; (b) maintain a support orders and judgments registry; and (c)

assist BCSE in performing its functions when handling Convention support orders and foreign support agreements (§ 89); and

(8) specifies that the act's provisions are severable (i.e., if any provisions or their application are found to be invalid, the invalidity does not affect the rest of the act) (§ 78).

The act also makes technical and conforming changes, including changes to statutory provisions that govern child support and parentage proceedings, support services and enforcement, and income withholdings.

**EFFECTIVE DATE:** July 1, 2015 (*Signed by Governor Malloy 6/19/2015*)

**PUBLIC ACT 15-81 - H.B. NO. 6805 - AN ACT CONCERNING THE BIRTH-TO-THREE PROGRAM AND HEARING TESTS.**

Beginning by October 1, 2015, this act requires the Department of Developmental Services (DDS), as part of the Birth-to-Three program, to notify parents and guardians of the availability of hearing tests for children receiving services under the program and exhibiting delayed speech, language, or hearing development.

The notice may include information about (1) the benefits of hearing tests for children, (2) the resources available to the parent or guardian for hearing tests and treatment, and (3) available financial assistance for the tests. The DDS Commissioner may adopt regulations to implement the act.

The Birth-to-Three program provides services to families with infants and toddlers who have developmental delays or disabilities.

**EFFECTIVE DATE:** October 1, 2015 (*Signed by Governor Malloy 6/19/2015*)

**PUBLIC ACT 15-132 - H.B. NO. 7006 - AN ACT CONCERNING BIRTH CERTIFICATE AMENDMENTS.**

This act allows any person who has undergone surgical, hormonal, or other clinically appropriate treatment for gender transition to change the sex designation on their birth certificate. Currently, state regulations prohibit transgender people from doing so unless they (1) completed gender assignment surgery and (2) supplied an affidavit from a specified mental health professional attesting that they are socially, psychologically, and mentally the designated sex (Conn. Agency Regs., § 19a-41-9).

The act requires the Public Health Commissioner to issue a new birth certificate to a transgender person who:

- (1) requests in writing, under penalty of law, a replacement birth certificate that reflects a gender different from the sex designated on their original birth certificate;
- (2) provides a notarized affidavit from a licensed physician, advanced practice registered nurse, or psychologist stating that he or she has undergone surgical, hormonal, or other clinically appropriate treatment (the act does not define this term) for gender transition; and
- (3) if applicable, proof of a legal name change.

The act also makes conforming changes to the statute allowing a Probate Court to issue a decree confirming that a state resident has changed gender if the person needs the decree to amend a birth certificate in the state or country where he or she was born.

**EFFECTIVE DATE:** October 1, 2015 (*Signed by Governor Malloy 6/23/2015*)

**PUBLIC ACT 15-141 - S.B. NO. 927 - AN ACT CONCERNING SECLUSION AND RESTRAINT IN SCHOOLS.**

This act explicitly extends laws on restraint and seclusion to most public school students in grades K through 12. Currently, these laws apply predominantly to students receiving special education services. The act does not apply to children receiving education services from Unified School District #2 or the Department of Mental Health and Addiction Services

The act prohibits teachers, administrators, and other public school employees from using life-threatening physical restraints on any student, limits how long students can be kept in allowable physical restraints or seclusion, and specifies the types of locations in which a student may be secluded.

It bars school employees from using physical restraints on students or placing students in seclusion, unless the employees have been properly trained, and requires school boards to develop policies and procedures to (1) provide this training and (2) establish monitoring and internal reporting of the use of physical restraints and seclusion. It requires training for school professionals, paraprofessionals, and administrators to be phased in over three years, beginning with the July 1, 2015 school year.

It requires school boards to notify parents and guardians no later than 24 hours after a child has been placed in physical restraint or in seclusion, and to make a reasonable effort to notify them immediately after beginning the physical restraint or seclusion.

It requires school boards to take certain steps for students placed in physical restraint or seclusion four or more times in 20 school days. And, as under existing law, it limits when school employees may administer certain medication to students.

Among other things, the act also (1) requires school boards to identify, by July 1, 2015, the same date the act takes effect, crisis intervention teams to respond to incidents of physical restraint or seclusion; (2) adds reporting requirements; (3) requires the State Board of Education (SBE) to adopt or revise regulations on the use of physical restraint and seclusion; and (4) makes conforming changes.

The act does not limit the justified use of physical force by local, state, or federal law enforcement officials performing their duties.

**EFFECTIVE DATE:** July 1, 2015 (*Signed by Governor Malloy 6/23/2015*)

**PUBLIC ACT 15-146 - S.B. NO. 811 - AN ACT CONCERNING PARITY IN HOSPITAL SALES OVERSIGHT.**

Section 25 of this act creates a 28-member State Health Information Technology Advisory Council. The council's purpose is to advise the Commissioner of Social Services on:

- (1) developing priorities and policy recommendations to advance the state's health information technology and health information exchange efforts and goals;
- (2) developing and implementing the statewide health information technology plan and standards and the Statewide Health Information Exchange; and
- (3) developing appropriate governance, oversight, and accountability measures to ensure success in achieving the state's health information technology and exchange goals.

The Council also has a role in reviewing and commenting on certain DSS federal grant applications.

The membership includes the following individuals, or their designees:

- (1) Commissioners of Social Services, Mental Health and Addiction Services, Children and Families, Correction, Public Health and Developmental Services;
- (2) the state's Chief Information Officer;
- (3) the Connecticut Health Insurance Exchange's Chief Executive Officer;
- (4) the State Innovation Model Initiative program management office's Director;
- (5) the UConn Health Center's Chief Information Officer;
- (6) the Healthcare Advocate; and
- (7) the Senate President Pro Tempore, House Speaker, and Senate and House Minority Leaders (their designees and appointees may be legislators).

The council also includes 13 appointed members, as shown below:

<i>Appointing Authority</i>	<i>Member Qualifications</i>
Governor	- a representative of a multi-hospital health system - a representative of the health insurance industry - an expert in health information technology - a health care consumer or consumer advocate - an employee or trustee of an employee benefit fund established under specified federal law
Senate President Pro Tempore	- a representative of a federally qualified health center - a behavioral health services provider
House Speaker	- a representative of an outpatient surgical facility - a home health care services provider
Senate Majority Leader	- a representative of an independent community hospital
House Majority Leader	- a physician who provides services in a multispecialty group and who is not employed by a hospital
Senate Minority Leader	- a primary care physician who provides services in a small independent practice
House Minority Leader	- an expert in health care analytics and quality analysis

**EFFECTIVE DATE:** July 1, 2015 (*Signed by Governor Malloy 6/30/2015*)

**PUBLIC ACT 15-208 - H.B. NO. 6725 - AN ACT CONCERNING ANIMAL-ASSISTED THERAPY SERVICES.**

This act makes several changes to the law concerning animal-assisted therapy services, including changes to the definitions in the law's provisions.

The act requires the DCF Commissioner, in consultation with the Agriculture Commissioner and within available appropriations, to develop a protocol to identify and mobilize animal-assisted critical incident response teams statewide, instead of identify a canine crisis response team as required under current law. The act extends the deadline for this requirement by two years, from January 1, 2014 to January 1, 2016.

It requires the teams to be available to provide animal-assisted activities, not just animal-assisted therapy. As under current law, the teams must operate on a volunteer basis and be available on 24 hours' notice.

The act also eliminates a requirement that the DCF Commissioner, within available appropriations and in collaboration with the Governor's Prevention Partnership and the animal-assisted therapy community, develop a crisis response program using the services of the canine crisis response team. The act instead requires the Commissioner, in consultation with the animal-assisted activity community and within available appropriations, to develop by July 1, 2016 a protocol to identify and credential animal-assisted activity organizations and animal-assisted therapy providers in the state. (The act does not specify how DCF will credential the organizations and providers.) This protocol must provide animal-assisted activities and therapy, not just animal-assisted therapy as under current law, for children and youths living with trauma and loss.

Additionally, the act extends, from January 1, 2014 to January 1, 2016, a requirement that the DCF Commissioner, within available appropriations, develop and implement training for certain department employees and healthcare providers on the (1) healing value of the human-animal bond for children, (2) value of therapy animals in dealing with traumatic situations, and (3) benefits of animal-assisted activities and animal-assisted therapy (rather than the benefits of an animal-assisted therapy program, as required by current law).

The act also makes minor and technical changes.

**EFFECTIVE DATE:** Upon passage (*Signed by Governor Malloy 7/6/2015*)

**PUBLIC ACT 15-239 - S.B. NO. 1096- AN ACT CONCERNING CHARTER SCHOOLS.**

Section 8 of this act requires certain individuals who manage or work in charter schools to submit to several types of records checks. Specifically, it instructs SBE to require governing council and CMO members to submit to Department of Children and Families child abuse and neglect registry checks and state and national criminal history records checks (1) before SBE grants an initial certificate to the charter school or (2) before the governing council or CMO members are hired.

It also requires governing councils to require each applicant for a position in local or state charter schools and each contractor doing business with these schools, who have direct student contact, to submit to the same background checks before they are hired or begin to perform service.

**EFFECTIVE DATE:** July 1, 2015 (*Signed by Governor Malloy 7/7/2015*)

**PUBLIC ACT 15-241 - H.B. NO. 5793- AN ACT ESTABLISHING SAFE HAVEN DAY.**

This act requires the Governor to proclaim April 4 of each year as Safe Haven Day to heighten awareness about the state's safe haven for newborns law. It requires that suitable exercises be held in the State Capitol and elsewhere as the Governor designates.

Under the safe haven law, a parent or his or her lawful agent may voluntarily surrender custody of an infant 30 days or younger to designated hospital staff. In situations when there is no abuse or neglect, the parent or agent is not criminally liable for abandonment or risk of injury to the child. The Department of Children and Families assumes custody of surrendered infants.

**EFFECTIVE DATE:** Upon passage (*Signed by Governor Malloy 7/6/2015*)

**JUNE SPECIAL SESSION, PUBLIC ACT 15-2 - H.B. No. 7104 - AN ACT IMPLEMENTING PROVISIONS OF THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2017 CONCERNING GENERAL GOVERNMENT PROVISIONS RELATING TO CRIMINAL JUSTICE.**

This act replaces the current penalty structure for drug possession crimes, which punishes possession of most types of illegal drug as felonies. It creates a new structure that punishes possession of .5 ounces or more of marijuana or any amount of another illegal drug as a class A misdemeanor but allows the court to (1) suspend prosecution for a second offense and order treatment for a drug dependent person and (2) punish third-time or subsequent offenders as persistent offenders, which subjects them to the penalties for a class E felony. It also reduces the enhanced penalty for drug possession near schools or day care centers from a two-year mandatory prison sentence to a class A misdemeanor with a required prison and probation sentence.

Among other things, the act:

- (1) reduces the size of the Board of Pardons and Paroles from 20 to between 10 and 15 members, while increasing the number of members who serve full-time from six to 10;
- (2) removes the bar on Board members serving on both parole and pardons panels;
- (3) allows the Board to consider an inmate for release on parole after an evaluation, but without a hearing, if he or she was convicted of a non-violent crime and the board does not know of any victim of the crime;
- (4) expands the Board Chairman's authority, in consultation with the Board's Executive Director, to adopt regulations on an expedited pardons review process;
- (5) requires the Board to develop a pardon eligibility notice explaining the pardons process and requires providing the notice to people when they are sentenced; are released from the Department of Correction (DOC); and complete parole, probation, or conditional discharge;
- (6) requires the Judicial Branch's Office of Victim Services to notify victims registered with the Board about parole hearings, notify victims and the public about how victims can register for hearing notices, and provide notice or seek to locate certain victims; and
- (7) makes technical and conforming changes.

**EFFECTIVE DATE:** October 1, 2015, except the provisions on (1) board membership and panels and expedited pardons requirements take effect June 30, 2015 and (2) pardon eligibility notices, parole release

without a hearing, panel members certifying to reviewing documentation, and victim notices are effective July 1, 2015. *(Signed by Governor Malloy 6/30/2015)*