



**Agency Legislative Proposal – 2023 Session**

**Document Name:**

<b>Document Name</b>	<b>DCF1_kinshipplacementchecks</b>
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**Naming Format:** AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

*Please insert a copy of the fully drafted bill at the end of this document (required for review)*

<b>Legislative Liaison</b>	<b>Vincent Russo</b> <a href="mailto:Vincent.russo@ct.gov">Vincent.russo@ct.gov</a> <b>(860) 461-6689</b>
<b>Division Requesting This Proposal</b>	<b>Commissioner's Office</b>
<b>Drafter</b>	<b>Vincent Russo</b>

<b>Title of Proposal</b>	<b>An Act Concerning Background Checks for Kin Placements of Children</b>
<b>Statutory Reference, if any</b>	<b>17a-114, 17a-101g 17a-115a</b>
<b>Brief Summary and Statement of Purpose</b>	<b>Streamline the kinship FBI fingerprinting process so family and fictive kin members who have a child placed with them due under the emergency placement statute will not have to be fingerprinted twice.</b>

**SECTION-BY-SECTION SUMMARY**

*Summarize sections in groups where appropriate*

<p><b>Section 1: Transfers the emergency placement language under C.G.S. section 17a-115 into the existing kin and fictive kin placement statute, C.G.S. section 17a-114.</b></p> <p><b>Current law permits DCF to place a child with a family member or fictive kin (a person with a family-like relationship with a child) on an emergency basis when the child cannot remain safely at their current residence. When the emergency placement occurs, all members of the household over 18 years old must submit to a background check and fingerprinting.</b></p>
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**Agency Legislative Proposal – 2023 Session**

**Document Name:**

**Typically, the relative or fictive kin will then apply through the DCF to be a relative foster care placement. Again, under current law, another background check and fingerprinting is required.**

**We have tried to streamline this process by allowing the first background check to be sufficient for the more permanent foster care placement. However, the FBI has indicated that two separate checks must occur since they are in two separate statutes. By combining the emergency placement statute and the relative foster care statute, we will be able to eliminate a duplicative background check.**

**We are also requiring only those household residents 18 years of age and older to be submitted for the check. That is best practice nationally.**

**Sections 1 and 2: Language allowing for video or teleconference visitation in the case of a public health emergency is included in this bill.**

**Section 3: Repeals the existing emergency placement statute**

**BACKGROUND**

**Origin of Proposal             New Proposal                             Resubmission**

**If this is a resubmission, please share the prior bill number, the reason the bill did not move forward, and any changes made or conversations had since it was last proposed:**

*Please consider the following, if applicable:*

<b>Have there been changes in federal/state laws or regulations that make this legislation necessary?</b>	<b>No. DCF has been using the first background check for these cases but an FBI audit indicated that we needed the second check when the relative applied to be a licensed foster parent. To eliminate the duplicative check, save the cost of the duplicative check and relieve the burden on the household members, we are seeking this change to streamline our practice while maintaining the safety of the child being placed in the home.</b>
<b>Has this proposal or a similar</b>	<b>Unclear, since all states have different means of dealing with foster parents and kinship placements. These laws have been in effect in CT</b>



**Agency Legislative Proposal – 2023 Session**

**Document Name:**

<p><b>proposal been implemented in other states? If yes, to what result?</b></p>	<p><b>for quite a while and we are combining them only to avoid the duplicate check.</b></p>
<p><b>Have certain constituencies called for this proposal?</b></p>	<p><b>Our relative and fictive kin families have complained about getting fingerprinted and checked twice in a short period of time.</b></p>

**INTERAGENCY IMPACT**

*List each affected agency. Copy the table as needed.*

**[ X ] Check here if this proposal does NOT impact other agencies**

<p><b>1. Agency Name</b></p>	
<p><b>Agency Contact (name, title)</b></p>	
<p><b>Date Contacted</b></p>	
<p><b>Status</b></p>	<p><input type="checkbox"/> Approved      <input type="checkbox"/> Talks Ongoing</p>
<p><b>Open Issues, if any</b></p>	

**FISCAL IMPACT**

*Include the section number(s) responsible for the fiscal impact and the anticipated impact*

**[ ] Check here if this proposal does NOT have a fiscal impact**

<p><b>State</b></p>	<p><b>Each check costs the state \$88 per person. This will result in a cost savings to the state.</b></p>
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**Agency Legislative Proposal – 2023 Session**

**Document Name:**

<b>Municipal (Include any municipal mandate that can be found within legislation)</b>	<b>None</b>
<b>Federal</b>	<b>None</b>
<b>Additional notes</b>	

**MONITORING & EVALUATION PLAN**

*If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes*

**[X ] Check here if this proposal does NOT lead to any measurable outcomes**

**ANYTHING ELSE WE SHOULD KNOW?**

**Section 1. Section 17a-114 of the general statutes is repealed and the following substituted in lieu thereof (effective July 1, 2023) .**

(a) As used in this section, (1) "approval" or "approved" means that a person has been approved to adopt or provide foster care



## Agency Legislative Proposal – 2023 Session

Document Name:

by a child-placing agency licensed pursuant to section 17a-149, (2) "licensed" means a person holds a license to provide foster care issued by the Department of Children and Families, (3) "fictive kin caregiver" means a person who is twenty-one years of age or older and who is unrelated to a child by birth, adoption or marriage but who has an emotionally significant relationship with such child or such child's family amounting to a familial relationship, and (4) ["regular unsupervised access" means periodic interaction with a child in the home for purposes of unsupervised child care, medical or other services to the child] "emergency placement" means the placement of a child by the Department of Children and Families in the home of a private individual, including a neighbor, friend or relative of a child, as a result of the sudden unavailability of the child's primary caretaker.

(b) (1) No child in the custody of the Commissioner of Children and Families shall be placed in foster care with any person, unless (A) (i) such person is licensed for that purpose by the department or the Department of Developmental Services pursuant to the provisions of section 17a-227, or (ii) such person's home is approved by a child placing agency licensed by the commissioner pursuant to section 17a-149, or (iii) such person has received approval as provided in this section, and (B) on and after January 1, 2017, for a child twelve years of age or older, such child has received a foster family profile in accordance with the provisions of section 17a-114e. Any person licensed by the department may be a prospective adoptive parent. The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to establish the licensing procedures and standards.

(2) (A) The commissioner shall require each applicant for licensure or approval pursuant to this section and any person [~~sixteen~~] eighteen years of age or older living in the household of such applicant to submit to state and national criminal history records checks prior to issuing a license or approval to such applicant to accept placement of a child for purposes of foster care or adoption. Such criminal history records checks shall be conducted in accordance with section 29-17a. The commissioner shall check the [~~(A)~~] (i) state child abuse and neglect registry established pursuant to section 17a-101k for the name of such applicant and for the name of any person [~~sixteen~~] eighteen years of age or older living in the household



**Agency Legislative Proposal – 2023 Session**

**Document Name:**

of such applicant, and [(B)] (ii) child abuse and neglect registry in any state in which such applicant or person resided in the preceding five years for the name of such applicant or person.

(B) If an applicant for licensure and any person eighteen years of age or older living in the household of such applicant has submitted to state and criminal background checks in accordance with subsection (c) of this section within the prior twelve months, such applicant or person eighteen years of age or older living in the household of such applicant will be exempt from the state and national criminal history checks in this subsection.

(3) The commissioner shall require each individual licensed or approved pursuant to this section and any person [~~sixteen~~] eighteen years of age or older living in the household of such individual to submit to state and national criminal history records checks prior to renewing a license or approval for any individual providing foster care or adopting. Such criminal history records checks shall be conducted in accordance with section 29-17a. Prior to such renewal, the commissioner shall check the (A) state child abuse and neglect registry established pursuant to section 17a-101k for the name of such applicant and for the name of any person [~~sixteen~~] eighteen years of age or older living in the household of such applicant, and (B) child abuse and neglect registry in any state in which such applicant or person resided in the preceding five years for the name of such applicant or person.

(4) The commissioner shall comply with any request to check the child abuse and neglect registry established pursuant to section 17a-101k made by the child welfare agency of another state.

(c) (1) Notwithstanding the requirements of subsection (b) of this section, the commissioner may place a child with a relative or fictive kin caregiver who has not been issued a license or approval, when such emergency placement is in the best interests of the child, provided a satisfactory home visit is conducted[, ] and a basic assessment of the family is completed. When the Department of Children and Families makes an emergency placement, the department may request a criminal justice agency to perform a federal name-based criminal history search of any person residing in the home in accordance with subsection (b) of



**Agency Legislative Proposal – 2023 Session**

**Document Name:**

this section. The results of such name-based search shall be provided to the department.

(2) No later than fifteen calendar days after the date such name-based search is performed pursuant to subdivision (1) of this subsection, the department shall request the State Police Bureau of Identification to perform a state and national criminal history records check in accordance with section 29-17a of any person residing in the home. Such criminal history records checks shall be deemed as required by this section for purposes of section 29-17a and the department may request that such records checks be performed in accordance with subsection (c) of section 29-17a. The results of such criminal history records checks shall be provided to the department. If any person refuses to provide fingerprints or other positive identifying information for purposes of such checks when requested, the department shall immediately remove the child from the home.

(3) If the department denies emergency placement or removes a child from a home based on the results of a federal name-based criminal history search performed pursuant to this section, the person whose name-based search was the basis for such denial or removal may contest such denial or removal by requesting that a full criminal history records check be performed in accordance with subdivision (2) of this subsection.

[and such relative or fictive kin caregiver attests that such relative or fictive kin caregiver and any adult living within the household has not been convicted of a crime or arrested for a felony against a person, for injury or risk of injury to or impairing the morals of a child, or for the possession, use or sale of a controlled substance] .

(4) Any such relative or fictive kin caregiver who accepts emergency placement of a child shall be subject to licensure by the commissioner, pursuant to regulations adopted by the commissioner in accordance with the provisions of chapter 54 to implement the provisions of this section or approval by a child-placing agency licensed pursuant to section 17a-149. The commissioner may grant a waiver from such regulations, including any standard regarding separate bedrooms or room-sharing arrangements, for a child placed with a relative or fictive kin caregiver, on a case-by-case basis, if such emergency placement is otherwise in the best interests of such child, provided no



**Agency Legislative Proposal – 2023 Session**

**Document Name:**

procedure or standard that is safety-related may be so waived. The commissioner shall document, in writing, the reason for granting any waiver from such regulations.

(5) In the event of a pandemic or outbreak of a communicable disease resulting in a declaration of a public health emergency by the Governor pursuant to section 19a-131a, or a declaration of a national emergency by the President of the United States, the home visit required under subdivision (1) of this subsection may be conducted by video or other conferencing platform in lieu of in-person home visit, for the duration of any such declaration.

(d) Any individual who has been licensed or approved to adopt or provide foster care and any relative or fictive kin caregiver with whom a child has been placed under this section shall apply a reasonable and prudent parent standard, as defined in subsection (a) of section 17a-114d, on behalf of the child.

**Sec. 2. Section 17a-101g of the general statutes is repealed and the following substituted in lieu thereof (effective July 1, 2023).**

(a) Upon receiving a report of child abuse or neglect, as provided in sections 17a-101a to 17a-101c, inclusive, or section 17a-103, in which the alleged perpetrator is (1) a person responsible for such child's health, welfare or care, (2) a person given access to such child by such responsible person, or (3) a person entrusted with the care of a child, the Commissioner of Children and Families, or the commissioner's designee, shall cause the report to be classified and evaluated immediately. If the report contains sufficient information to warrant an investigation, the commissioner shall make the commissioner's best efforts to commence an investigation of a report concerning an imminent risk of physical harm to a child or other emergency within two hours of receipt of the report and shall commence an investigation of all other reports within seventy-two hours of receipt of the report. A report classified by the commissioner, or the commissioner's designee, as lower risk may be referred for family assessment and services pursuant to subsection (g) of this section. Any such report may thereafter be referred for standard child protective services if safety concerns for the child become evident. A report referred for standard child protective services may be referred for family assessment and services at any time if the department determines there is a lower risk to the child. If the alleged



## Agency Legislative Proposal – 2023 Session

Document Name:

perpetrator is a school employee, as defined in section 53a-65, or is employed by an institution or facility licensed or approved by the state to provide care for children, the department shall notify the Department of Education or the state agency that has issued such license or approval to the institution or facility of the report and the commencement of an investigation by the Commissioner of Children and Families. The department shall complete any such investigation not later than thirty-three business days after the date of receipt of the report. If the report is a report of child abuse or neglect in which the alleged perpetrator is not a person specified in subdivision (1), (2) or (3) of this subsection, the Commissioner of Children and Families shall refer the report to the appropriate local law enforcement authority for the town in which the child resides or in which the alleged abuse or neglect occurred.

(b) The Commissioner of Children and Families shall establish protocols for the investigation of and response to reports of child abuse or neglect of children from birth to three years of age. Such protocols shall include, but need not be limited to, (1) appropriate supervision of the case, (2) appropriate visitation by department personnel to such children, (3) documentation of case activities relevant to the safety and well-being of such children, and (4) a case supervision tool specific to the unique needs and risk status of children from birth to three years of age. All investigations of a report of child abuse or neglect pursuant to this section shall include a home visit at which the child and any siblings are observed, if appropriate, a determination of the nature, extent and cause or causes of the reported abuse or neglect, a determination of the person or persons suspected to be responsible for such abuse or neglect, the name, age and condition of other children residing in the same household and an evaluation of the parents and the home. The report of such investigation shall be in writing. The investigation shall also include, but not be limited to, a review of criminal conviction information concerning the person or persons alleged to be responsible for such abuse or neglect and previous allegations of abuse or neglect relating to the child or other children residing in the household or relating to family violence. After an investigation into a report of abuse or neglect has been completed, the commissioner shall determine, based upon a standard of reasonable cause, whether a child has been abused or neglected, as defined in section 46b-120. If the commissioner determines that abuse or neglect has occurred, the commissioner shall also determine whether: (A) There is an



## Agency Legislative Proposal – 2023 Session

Document Name:

identifiable person responsible for such abuse or neglect; and (B) such identifiable person poses a risk to the health, safety or well-being of children and should be recommended by the commissioner for placement on the child abuse and neglect registry established pursuant to section 17a-101k. If the commissioner has made the determinations in subparagraphs (A) and (B) of this subsection, the commissioner shall issue notice of a recommended finding to the person suspected to be responsible for such abuse or neglect in accordance with section 17a-101k. If the child is represented by an attorney or guardian ad litem, the commissioner shall notify the child's attorney or guardian ad litem in writing not less than five days prior to the date of any meeting in which the department is considering removing the child from the household, except, if the commissioner, or the commissioner's designee, has authorized the immediate removal of a child from his or her household pursuant to the provisions of subsection (e) of this section, the commissioner, or the commissioner's designee, shall not be required to provide advance written notice of such removal to the child's attorney or guardian ad litem. In the event of a pandemic or outbreak of a communicable disease resulting in a declaration of a public health emergency by the Governor pursuant to section 19a-131a, or a declaration of a national emergency by the President of the United States, the home visit required under this subsection may be conducted by video or other conferencing platform in lieu of in-person home visit, for the duration of any such declaration.

(c) Except as provided in subsection (d) of this section, no entry of the recommended finding shall be made on the child abuse or neglect registry and no information concerning the finding shall be disclosed by the commissioner pursuant to a check of the child abuse or neglect registry or request for information by a public or private entity for employment, licensure, or reimbursement for child care purposes pursuant to programs administered by the Department of Social Services or pursuant to any other general statute that requires a check of the child abuse or neglect registry until the exhaustion or waiver of all administrative appeals available to the person suspected to be responsible for the abuse or neglect, as provided in section 17a-101k.

(d) If the child abuse or neglect resulted in or involves (1) the death of a child; (2) the risk of serious physical injury or emotional harm of a child; (3) the serious physical



## Agency Legislative Proposal – 2023 Session

Document Name:

harm of a child; (4) the arrest of a person due to abuse or neglect of a child; (5) a petition filed by the commissioner pursuant to section 17a-112 or 46b-129; or (6) sexual abuse of a child, entry of the recommended finding may be made on the child abuse or neglect registry and information concerning the finding may be disclosed by the commissioner pursuant to a check of the child abuse or neglect registry or request for information by a public or private entity for employment, licensure, or reimbursement for child care purposes pursuant to programs administered by the Department of Social Services or pursuant to any other general statute that requires a check of the child abuse or neglect registry, prior to the exhaustion or waiver of all administrative appeals available to the person suspected to be responsible for the abuse or neglect as provided in section 17a-101k.

(e) If the Commissioner of Children and Families, or the commissioner's designee, has probable cause to believe that the child or any other child in the household is in imminent risk of physical harm from the child's surroundings and that immediate removal from such surroundings is necessary to ensure the child's safety, the commissioner, or the commissioner's designee, shall authorize any employee of the department or any law enforcement officer to remove the child and any other child similarly situated from such surroundings without the consent of the child's parent or guardian. The commissioner shall record in writing the reasons for such removal and include such record with the report of the investigation conducted under subsection (b) of this section.

(f) The removal of a child pursuant to subsection (e) of this section shall not exceed ninety-six hours. During the period of such removal, the commissioner, or the commissioner's designee, shall provide the child with all necessary care, including medical care, which may include an examination by a physician or mental health professional with or without the consent of the child's parents, guardian or other person responsible for the child's care, provided reasonable attempts have been made to obtain consent of the child's parents or guardian or other person responsible for the care of such child. During the course of a medical examination, a physician may perform diagnostic tests and procedures necessary for the detection of child abuse or neglect. If the child is not returned home within such ninety-six-hour period, with or without protective services, the department shall proceed in accordance with section 46b-129.



**Agency Legislative Proposal – 2023 Session**

**Document Name:**

(g) (1) Notwithstanding the provisions of subsections (a) to (f), inclusive, of this section, the commissioner may establish a program of family assessment response to reports of child abuse and neglect whereby the report may be referred to appropriate community providers for family assessment and services without an investigation or at any time during an investigation, provided there has been an initial safety assessment of the circumstances of a family and child and criminal background checks have been performed on all adults involved in the report. Services provided through family assessment response shall include an array of community-based services and supports designed to meet the individual needs of families, build upon their strengths, enhance child development, reduce child abuse and neglect and increase the health, safety and well-being of children.

(2) In response to an accepted family assessment report, the department shall conduct a comprehensive family assessment that shall include a safety and risk assessment and an assessment of family strengths and needs. Such assessment shall include personal interviews with the child and the child's parent or primary caretaker, an evaluation of the home environment and the performance of criminal background checks on all adults residing in the same household. Such assessment may include, as appropriate, personal interviews with other children or adults residing in the same household as well as any other caregivers, family members and collateral contacts. In conducting such assessment, the department shall consider the age and vulnerability of the child, family functioning, family history of abuse and neglect and family history of involvement with the department. The department shall, upon securing any necessary releases, request any relevant out-of-state history of child abuse or neglect involving any adults residing in the same household.

(3) The following reports of suspected child abuse or neglect shall not be referred for family assessment response: (A) Sexual abuse, (B) abuse or neglect occurring in an out-of-home placement, (C) abuse or neglect resulting in the death or serious physical or mental injury of a child, or (D) where the department's safety assessment reveals that the child is unsafe. A case supervisor or manager shall approve all referrals to family assessment response.



## Agency Legislative Proposal – 2023 Session

### Document Name:

(4) Prior to referring a report to an appropriate community provider, the department shall develop a service plan designed to meet the family's immediate needs for services and supports and to guide the community provider's development of a long-term plan of care for the family.

(5) Following a referral pursuant to subdivision (1) of this subsection, a community provider shall schedule an in-person meeting with the family and shall develop a plan of care. Such plan of care shall be developed in consultation with the family and shall include (A) a review of the department's family assessment and service plan and any services and supports the family is currently receiving, and (B) an identification of the family's ongoing needs and the services and supports that may be available to meet such needs. Such plan of care shall identify the family's strengths and needs and describe the services and supports to be offered to (i) address the family's needs, (ii) build upon the family's strengths, and (iii) increase the health, safety and well-being of the child. The provider shall monitor the family's participation and progress with the plan of care.

(6) The community provider shall maintain ongoing contact with the family through in-person meetings, visits to the home, child and family team meetings and phone calls. If at any time following the referral or during the implementation of the plan of care, the provider has reasonable cause to suspect or believe that any child under eighteen years of age (A) has been abused or neglected, as defined in section 46b-120, (B) has suffered a nonaccidental physical injury or an injury that is at variance with the history given for such injury, or (C) is placed at imminent risk of serious harm, the provider shall report or cause a report to be made in accordance with the provisions of sections 17a-101b to 17a-101d, inclusive.

(7) The community provider shall schedule an in-person meeting with the family prior to the end of services. The determination to end services shall be based upon the family's preference and progress in meeting the goals outlined in the plan of care. The community provider shall submit individual child and family specific data and administrative service data to the department not later than thirty days after ending services. Such data shall identify the needs of the family, the services and supports made available to address those needs, the family's met and unmet treatment goals, the final disposition at the time of ending services and the reasons for the family's



**Agency Legislative Proposal – 2023 Session**

**Document Name:**

discharge from services, including, but not limited to, met treatment goals, family relocation, the receipt of a new report by the department or transfer of the family to another provider.

(8) Subdivisions (5) to (7), inclusive, of this subsection shall apply to all community provider service contracts in effect on June 9, 2016, to the extent they are not in conflict with such contracts, and shall apply to all contracts entered into, amended, extended or renewed on or after June 9, 2016.

(9) The commissioner shall adopt procedures to establish a method for the department to monitor the progress of the child and family referred to a community provider pursuant to subdivision (1) of this subsection and to set standards for reopening an investigation pursuant to this section. Such standards shall include, but need not be limited to, provisions for the reassignment of a report referred for family assessment response for an immediate investigation based on (A) a reassessment of the initial report of child abuse or neglect or the discovery of new or additional facts indicating that the child is unsafe, or (B) a determination that the report meets the criteria of subdivision (3) of this subsection and, as a result, does not qualify for family assessment response. Not later than January 1, 2017, the commissioner shall submit a report regarding such procedures and standards, in accordance with the provisions of section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to children.

(10) Consistent with the provisions of section 17a-28, the department shall disclose all relevant information in its possession concerning the child and family, including prior child protection activity, to each provider to whom a report has been referred for use by the provider in the assessment, diagnosis and treatment of unique needs of the family and the prevention of future reports. Each provider who has received a report of child abuse or neglect referred pursuant to this subsection shall disclose to the department, consistent with the provisions of section 17a-28, all relevant information gathered during assessment, diagnosis and treatment of the child and family. The department may use such information solely to monitor and ensure the continued safety and well-being of the child or children.

(11) Not later than July 1, 2016, and annually thereafter, the department shall submit a report, in accordance with the



## Agency Legislative Proposal – 2023 Session

Document Name:

provisions of section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to children for inclusion in the annual report card prepared pursuant to section 2-53m on the status of family assessment response. Such report shall include data from the previous calendar year, including, but not limited to: (A) The number of accepted reports of child abuse or neglect, and the percentage of reports assigned to the family assessment response track; (B) the disposition of families assigned a family assessment response; (C) for cases assigned to the family assessment response track, a breakdown by reporter type; (D) the number and percentage of family assessment response cases that changed track to investigations; (E) an analysis of the department's prior or subsequent involvement with a family that has been assigned to family assessment response, if applicable; (F) an analysis of the department's prior or subsequent involvement with a family that has been assigned to a community partner agency; (G) a description of services that are commonly provided to families referred to the community support for families program; (H) a description of the department's staff development and training practices relating to intake; (I) the number and percentage of referred families who were ultimately enrolled in the community support for families program; (J) the number and percentage of families receiving a family assessment response broken down by race and ethnicity; (K) the reason for discharge from the community support for families program, as identified in subdivision (7) of this subsection, broken down by race and ethnicity; (L) a comparison of the needs identified and the needs addressed for families referred to the community support for families program; and (M) an analysis of the efficacy of the department's risk and safety assessment practices, including information concerning the methodology used to determine the reliability of such practices, the utilization of evidence-based practices and tools, and the effectiveness of such assessment practices for identifying children at risk for abuse or neglect.

### **Sec. 3. Section 17a-115a is repealed.**

[ (a) For purposes of this section, "emergency placement" means the placement of a child by the Department of Children and Families in the home of a private individual, including a neighbor, friend or relative of a child, as a result of the sudden unavailability of the child's primary caretaker.



**Agency Legislative Proposal – 2023 Session**

**Document Name:**

(b) When the Department of Children and Families makes an emergency placement, the department may request a criminal justice agency to perform a federal name-based criminal history search of any person residing in the home. The results of such name-based search shall be provided to the department.

(c) No later than five calendar days after the date such name-based search is performed pursuant to subsection (b) of this section, the department shall request the State Police Bureau of Identification to perform a state and national criminal history records check in accordance with section 29-17a of any person residing in the home. Such criminal history records checks shall be deemed as required by this section for purposes of section 29-17a and the department may request that such records checks be performed in accordance with subsection (c) of section 29-17a. The results of such criminal history records checks shall be provided to the department. If any person refuses to provide fingerprints or other positive identifying information for purposes of such checks when requested, the department shall immediately remove the child from the home.

(d) If the department denies emergency placement or removes a child from a home based on the results of a federal name-based criminal history search performed pursuant to subsection (b) of this section, the person whose name-based search was the basis for such denial or removal may contest such denial or removal by requesting that a full criminal history records check be performed in accordance with subsection (c) of this section.]



**Agency Legislative Proposal – 2023 Session**

**Document Name:**

<b>Document Name</b>	<b>DCF2_identifiedadoptions</b>
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**Naming Format:** AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

*Please insert a copy of the fully drafted bill at the end of this document (required for review)*

<b>Legislative Liaison</b>	<b>Vincent Russo</b> <a href="mailto:Vincent.russo@ct.gov">Vincent.russo@ct.gov</a> <b>(860) 461-6689</b>
<b>Division Requesting This Proposal</b>	<b>Commissioner's Office</b>
<b>Drafter</b>	<b>Vincent Russo</b>

<b>Title of Proposal</b>	<b>An Act Concerning Identified Adoptions</b>
<b>Statutory Reference, if any</b>	<b>45a-728, 45a-728a, 45a-728b, 45a-728c, 45a-728d</b>
<b>Brief Summary and Statement of Purpose</b>	<b>The proposed bill will update existing laws regarding identified adoptions.</b>

**SECTION-BY-SECTION SUMMARY**

*Summarize sections in groups where appropriate*

**Section 1: C.G.S. section 45a-728 - Current law requires DCF to adopt regulations concerning identified adoptions. The bill instead requires DCF to adopt regulations regarding adoptive placement of children by a child-placing agency (CPA), whether the child has been identified by a prospective adoptive parent or placed for adoption. The bill also revises the existing requirement of counseling for an identified "birth mother" within 72 hours of the child's birth to counseling for the "birth parent" within that timeframe. It also requires, instead of permits, the counseling to be provided by a masters or doctoral level mental health care provider.**



Sections 2 through 5: Amends C.G.S. sections 45a-728a, 45a-728b, and 45a-728d to replace references to birth mother with birth parent and make other minor conforming changes for consistency with the Uniform Parentage Act, which passed last session. The bill also updates obsolete references that allowed birth parents and prospective adoptive parents to advertise through any public media "in this state" to instead allow them to advertise on any public media (e.g., online publications) for the placement of a child for an identified adoption.

Section 4: C.G.S. section 45a-728c - Current law permits prospective adoptive parents to pay for the living expenses to the birth mother up to \$1,500 as well as reasonable phone and maternity clothing expenses. Under current law, they may pay a greater amount in unusual circumstances with probate court approval.

The bill eliminates the \$1,500 cap and instead allows the prospective adoptive parents to pay or reimburse for reasonable expenses, fees or services (e.g., living, medical, legal, or other expenses) related to the pregnancy or adoption as determined by the CPA. Prior to making the payment, the bill requires the prospective adoptive parent to file a sworn affidavit in Probate Court itemizing all the costs that will be paid. The bill permits the court, without a hearing or prior notice (ex parte), to approve the costs in the affidavit but if it finds any of the costs to be unreasonable, the court must schedule a hearing within 30 days and, following the hearing, issue an order approving or disapproving the costs based on findings of fact.

The bill allows prospective adoptive parents, when there is a demonstrated need to protect the health or well-being of the birth parents or child, to advance up to \$2,000 for reasonable expenses without Probate Court approval. The CPA determines which expenses are reasonable in these circumstances.

Under the bill, the payments must take place no sooner than 180 days before the expected birth date and no later than 60 days after the child's birth. The bill also specifies that these payments do not obligate the genetic parent to place the child for adoption and the prospective adoptive parents may not seek reimbursement if the genetic parents choose not to place the child for adoption unless the person who received the payment (a) was not pregnant at the time of receipt or (b) had received payment from separate prospective adoptive parents without the knowledge of the other prospective adoptive parents.

Section 6 amends who the Governor appoints to the Adoption Review Board. Current law requires the Governor to appoint an officer of a child placing agency to the board. It has been difficult to find an officer to serve on the board and some employees not considered "officers" would be great members if not for this narrow statute. This bill will replace "officer" with "representative of a child placing agency."



**BACKGROUND**

Origin of Proposal

New Proposal

Resubmission

If this is a resubmission, please share the prior bill number, the reason the bill did not move forward, and any changes made or conversations had since it was last proposed:

*Please consider the following, if applicable:*

<b>Have there been changes in federal/state laws or regulations that make this legislation necessary?</b>	<b>No. Just updating our existing laws. An explanation is below under other comments.</b>
<b>Has this proposal or a similar proposal been implemented in other states? If yes, to what result?</b>	<b>When drafting this proposal, the group reviewed other state laws and used the ones that were shown to be best practice, particularly in areas where CT language was lacking. For example, CT statues were silent in either the birth parent or adoptive parents engaged in fraud. The new language in section 4 of the bill is inspired by provisions from Illinois. The group considered New Hampshire law when developing the language concerning which type of costs would be eligible for payment by the prospective adoptive parents.</b>
<b>Have certain constituencies called for this proposal?</b>	<b>Yes. The private adoption agencies have been requesting these updates.</b>



**Agency Legislative Proposal – 2023 Session**  
**Document Name:**

**INTERAGENCY IMPACT**

List each affected agency. Copy the table as needed.

Check here if this proposal does NOT impact other agencies

<b>1. Agency Name</b>	<b>Probate Court Administration</b>
<b>Agency Contact (name, title)</b>	<b>Jim Polites (860) 754-8660</b>
<b>Date Contacted</b>	<b>Work collaboratively on the language</b>
<b>Status</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Talks Ongoing
<b>Open Issues, if any</b>	

**FISCAL IMPACT**

Include the section number(s) responsible for the fiscal impact and the anticipated impact

Check here if this proposal does NOT have a fiscal impact

<b>State</b>	
<b>Municipal (Include any municipal mandate that can be found within legislation)</b>	
<b>Federal</b>	
<b>Additional notes</b>	



**MONITORING & EVALUATION PLAN**

*If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes*

**[X] Check here if this proposal does NOT lead to any measurable outcomes**

**ANYTHING ELSE WE SHOULD KNOW?**

Since 2018, Connecticut Council on Adoption (CCA) has been convening a work group to discuss the need to update the DCF regulations that guide Connecticut adoption agencies in working with adoptive families and birth parents for identified adoptions. These regulations flow from C.G.S. section 45a-728, first passed in 1991. Practices have changed drastically in the infant adoption arena since then, and CCA members have noted the need for an update to the existing law and changes to the regulations.

Most private infant adoptions in CT are coordinated through a licensed child placing agency, where the expectant and adoptive parents both receive services and a “match” is made by allowing the expectant mother to select a family to adopt her baby based on her own criteria. The trend for the past decade has been for adoptive parents to use a variety of other means to locate an expectant mother, primarily through the internet which allows connections to be made easily. CCA believes there are at least four ways that expectant and adoptive parents can match outside of working with a licensed child placing agency:

1. adoption advertising websites,
2. adoption consultants,
3. adoption facilitators in states where they are allowed, and
4. attorneys.

Many adoptive parents engage the services of an adoption consultant who acts as a middleman to connect them with expectant mothers and/or placing agencies in other states.

Confusion exists for clients due to the pervasive influence of the Internet. For example, a pregnant woman in CT called 211 to find out who to call for making an adoption plan for her baby and was told to call DCF. She was uncomfortable doing that and felt it was the wrong direction, so she found an out of state agency (Ohio) online.



Agency Legislative Proposal – 2023 Session

Document Name:

Historically, C.G.S. section 45a-728 was enacted to protect families and ensure that there would be no black/grey market for newborns in CT. It was written at a time when open adoptions were few and far between, and most adoptions were conducted with no identifying information shared between adoptive and birth parents. The Identified Adoption law and regulations were created to allow for such contact to occur, within strict parameters. In the 21<sup>st</sup> century, 95% of all adoptions in the United States are open (Donaldson Institute) whether they are agency-facilitated or independent/identified. The best practice standard has changed since 1991, and CT needs to change too.

Connecticut has no current law or regulations covering private agency adoptive placements, and over the years of discussion with member agencies, DCF, and Probate Admin, CCA believes it would be useful for the existing law to be updated to include these adoptions, as well as identified adoptions. This would provide additional safeguards and protections to all members of the adoption triad.

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Section 1. Section 45a-728 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2023*):

The Commissioner of Children and Families shall adopt regulations in accordance with chapter 54 concerning adoptive [adoption] placement of children [who have been identified or located] by a child-placing agency whether the child has been identified or located by a prospective adoptive parent or parents or placed for adoption by the agency. Such regulations shall provide that for child-placing agency adoptions, including adoptions involving an identified expectant [mother] parent, counseling of the birth [mother] parent shall be required within seventy-two hours of birth of the child, or as soon as medically possible after the birth of the child, and that permissible payment of expenses for birth parent counseling shall include the cost of transportation. Such counseling [may] shall be provided by a person with a master's or doctoral degree in counseling, psychology, social work or related mental health disciplines from an accredited college or university.

Sec. 2. Section 45a-728a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2023*):

Prospective adoptive parents may participate in the labor and birth of the child identified for adoption and may visit with such newborn child, provided the birth [mother] parent, the child-placing agency and [her] the birth parent's physician agree and such participation and visitation are consistent with the medically necessary procedures of the hospital.



## Agency Legislative Proposal – 2023 Session

Document Name:

Sec. 3. Section 45a-728b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2023*):

Any licensed hospital discharging a newborn infant identified for adoption to a child-placing agency shall arrange for the physical transfer of custody of such infant to take place in a safe, secure and private room on the hospital premises. The prospective adoptive [parent or](#) parents may be present at the discharge with the approval of the child-placing agency. At the time of discharge, the hospital shall provide such prospective adoptive [parent or](#) parents or child-placing agency with any nonidentifying information customarily provided to birth parents upon discharge concerning the care, feeding and health of the infant. The hospital shall provide the child-placing agency with the medical information concerning the birth [mother] [parent](#) and the infant within a reasonable time. Such prospective adoptive [parent or](#) parents shall be permitted to participate in any program of instruction regarding infant care and child development that is made available by such licensed hospital to birth parents, provided such prospective adoptive [parent or](#) parents pay the cost of such participation in such program.

Sec. 4. Section 45a-728c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2023*):

[With respect to adoption placement of children who have been identified or located by prospective adoptive parents, payment for the living expenses of the birth mother by the prospective adoptive parents shall be permitted in an amount not to exceed one thousand five hundred dollars or such amount as may be approved in unusual circumstances by the probate court for the district where the child-placing agency is located or where the prospective adoptive parents reside. In addition to the payment of living expenses, payment by the prospective adoptive parents of reasonable telephone and maternity clothing expenses of the birth mother shall be permitted.]

[\(a\) With respect to adoptive placement of children who have been identified or located by prospective adoptive parents, the prospective adoptive parent or parents may pay for or reimburse reasonable expenses, fees or services, including, but not limited to, living, medical, legal or other professional or necessary expenses related to the pregnancy and adoption as determined by the child-placing agency. Payments for or reimbursements of expenses, fees or services to the birth parent may be made no earlier than 180 days prior to the expected date of birth and no later than 60 days after the birth of the child. All payments or reimbursements for expenses, fees or services of a birth parent are subject to approval by the Probate Court.](#)

[\(b\) Payments for or reimbursements of reasonable expenses, fees or services as provided in subsection \(a\) of this section, shall not obligate the genetic parent or parents to place the child for adoption. If the genetic parent or parents choose not to place the child for adoption, the prospective adoptive parent or parents shall have no right to seek payment or reimbursement of expenses, fees or services paid to, or on behalf of, the genetic parent or parents.](#)



## Agency Legislative Proposal – 2023 Session

Document Name:

(c) Notwithstanding subsection (b) of this section, a prospective adoptive parent or parents may seek repayment from a person who receives payments or reimbursements described in subsection (a) of this section if (1) the person who accepts the payments or reimbursements knows that the person on whose benefit such payments or reimbursements were made was not pregnant at the time of the receipt of such payments; or (2) the person received payments or reimbursements for expenses simultaneously from separate prospective adoptive parents without the knowledge of the other prospective adoptive parents.

(d) Prior to payment of or reimbursement for any expense described in subsection (a) of this section, the prospective adoptive parent or parents must file with the Probate Court a sworn affidavit containing all charges for expenses, fees, or services that they will be paying relating to the adoption. The affidavit shall be filed in the Probate Court in which the petition and agreement for adoption under section 45a-727 has or will be filed. The court may, ex parte and without prior notice, approve all reasonable fees and expenses contained in the affidavit. If the court determines that a fee or expense is unreasonable, the court shall set a day for a hearing on the affidavit within thirty days and shall order such notice as it may direct. The court shall issue an order approving or disapproving said fees and expenses based upon specific findings of fact.

(e) Notwithstanding subsection (d) of this section, the prospective adoptive parent or parents may advance a maximum of two thousand dollars for reasonable birth parent expenses without prior court approval in circumstances where there is a demonstrated need for such payment to protect the health or well-being of the birth parents or the child sought to be adopted. Reasonableness shall be determined by the child placing agency.

Sec. 5. Section 45a-728d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2023*):

Any birth parent, or the parent's legal representative, may advertise through any public media [**in this state**] for the placement of his or her child for the purposes of identified or other child-placing agency adoption. Any prospective adoptive parent, or the parent's legal representative, may advertise through any public media [**in this state**] for placement of a child into his or her care for the purposes of identified or other child-placing agency adoption.

Sec. 6 Section 45a-763 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2023*):

(a) An Adoption Review Board is established, to consist of the Commissioner of Children and Families or his designee, the Probate Court Administrator or his designee, and [**an officer**] a representative of a child-placing agency which is located in the state and licensed by the Commissioner of Children and Families, who shall be appointed by the Governor to serve for a term of four years from the date of his appointment.



## Agency Legislative Proposal – 2023 Session

Document Name:

- (b) Each designee or officer shall be a person who is familiar with and experienced in adoption procedures, policies and practices.
- (c) The members of the board shall select a chairman from among their membership who shall serve for a term of two years from his election or until his successor is elected.
- (d) The members of the board shall receive no compensation for their services as such.



**Agency Legislative Proposal – 2023 Session**

**Document Name:**

<b>Document Name</b>	<b>DCF3_adoptionandguardianshipsubsidytransfer</b>
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**Naming Format:** AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

*Please insert a copy of the fully drafted bill at the end of this document (required for review)*

<b>Legislative Liaison</b>	<b>Vincent Russo</b> <a href="mailto:Vincent.russo@ct.gov">Vincent.russo@ct.gov</a> <b>(860) 461-6689</b>
<b>Division Requesting This Proposal</b>	<b>Commissioner's Office</b>
<b>Drafter</b>	<b>Vincent Russo</b>

<b>Title of Proposal</b>	<b>An Act Concerning the Transfer of Adoption and Guardianship Subsidies upon the Death or Serious Illness of an Adoptive Parent or Guardian</b>
<b>Statutory Reference, if any</b>	<b>C.G.S. sections 17a-117, 17a-118 and 17a-126</b>
<b>Brief Summary and Statement of Purpose</b>	<b>The proposed bill will allow adoption and guardianship subsidies to follow the child when an adoptive parent or guardian dies or becomes unable to care for the child</b>

**SECTION-BY-SECTION SUMMARY**

*Summarize sections in groups where appropriate*

<b>Section 1: Amends 17a-126 to allow for adoption subsidies for children that were in DCF care prior to adoption to stay with the child when an adoptive parent dies or is unable to care for the child due to incapacitation or illness. The subsidies would follow the child to a successor guardian appointed by a court of competent jurisdiction.</b>
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**BACKGROUND**

**Origin of Proposal**             **New Proposal**                             **Resubmission**

**If this is a resubmission, please share the prior bill number, the reason the bill did not move forward, and any changes made or conversations had since it was last proposed:**

*Please consider the following, if applicable:*

<b>Have there been changes in federal/state laws or regulations that make this legislation necessary?</b>	<b>No. A recent case exposed this deficiency in the statute to address the transfer of the adoption subsidy to a successor guardian when an adoptive parent dies. The statute contemplates transfers from adoptive parent to adoptive parent and guardian to guardian but not adoptive parent to guardian.</b>
<b>Has this proposal or a similar proposal been implemented in other states? If yes, to what result?</b>	
<b>Have certain constituencies called for this proposal?</b>	<b>Yes. Successor guardians</b>



**INTERAGENCY IMPACT**

*List each affected agency. Copy the table as needed.*

**[X ] Check here if this proposal does NOT impact other agencies**

<b>1. Agency Name</b>	
<b>Agency Contact (name, title)</b>	
<b>Date Contacted</b>	
<b>Status</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Talks Ongoing
<b>Open Issues, if any</b>	

**FISCAL IMPACT**

*Include the section number(s) responsible for the fiscal impact and the anticipated impact*

**[ ] Check here if this proposal does NOT have a fiscal impact**

<b>State</b>	<b>Possible small fiscal impact. The subsidies would continue if not for the death or incapacity of the caregiver. This situation happens very infrequently, but the continuing subsidy would help prevent the child from coming into care. In certain circumstances, it is possible that the subsidy would not qualify for Title IV-E reimbursement since a Probate Court appointed guardian would not be licensed by the Department.</b>
<b>Municipal (Include any municipal mandate that can be found within legislation)</b>	
<b>Federal</b>	
<b>Additional notes</b>	<b>These subsidies would remain in existence if the adoptive parent or guardian did not die or become incapacitated. By</b>



having the subsidy follow the child, it alleviates a financial burden on the successor guardian.

**MONITORING & EVALUATION PLAN**

*If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes*

**[X] Check here if this proposal does NOT lead to any measurable outcomes**

[Empty box for monitoring and evaluation plan]

**ANYTHING ELSE WE SHOULD KNOW?**

[Empty box for anything else we should know]

Section 1. Section 17a-126 of the general statutes is repealed and the following is substituted in lieu thereof: (Effective July 1, 2023)

(a) As used in this section, (1) "caregiver" means (A) a fictive kin caregiver, as defined in section 17a-114, who is licensed or approved to provide foster care, and who is caring for a child, (B) a relative caregiver, which means a person who is twenty-one years of age or older, related to a child by birth, adoption or marriage and is licensed or approved to provide foster care, or (C) a person who is a licensed or approved foster care provider pursuant to section 17a-114 and is caring for a child because the parent of the child has died or become otherwise unable to care for the child for reasons that make reunification with the parent and adoption not viable options within the foreseeable future, and (2) "commissioner" means the Commissioner of Children and Families.

(b) The commissioner shall establish a program of subsidized guardianship for the benefit of children who have been in foster care for not less than six consecutive months, for whom neither



## Agency Legislative Proposal – 2023 Session

### Document Name:

reunification with a parent nor adoption is an appropriate permanency option, and who have been living with a caregiver. A caregiver may request a guardianship subsidy from the commissioner.

(c) If a caregiver who is receiving a guardianship subsidy for a child is also caring for the child's sibling, the commissioner shall provide a guardianship subsidy to such caregiver in accordance with regulations adopted by the commissioner pursuant to subsection (e) of this section. For purposes of this subsection, "child's sibling" includes a stepbrother, stepsister, a half-brother or a half-sister.

(d) The commissioner shall provide the following subsidies under the subsidized guardianship program in accordance with this section and the regulations adopted pursuant to subsection (e) of this section: (1) A special-need subsidy, which shall be a lump sum payment for one-time expenses resulting from the assumption of care of the child and shall not exceed two thousand dollars; and (2) a medical subsidy comparable to the medical subsidy to children in the subsidized adoption program. The subsidized guardianship program shall also provide a monthly subsidy on behalf of the child payable to the caregiver that is based on the circumstances of the caregiver and the needs of the child and shall not exceed the foster care maintenance payment that would have been paid on behalf of the child if the child had remained in licensed foster care.

(e) The commissioner shall adopt regulations, in accordance with chapter 54, implementing the subsidized guardianship program established under this section. Such regulations shall include all federal requirements necessary to maximize federal reimbursement available to the state, including, but not limited to, (1) eligibility for the program, (2) the maximum age at which a child is no longer eligible for a guardianship subsidy, including the maximum age, for purposes of claiming federal reimbursement under Title IV-E of the Social Security Act, at which a child is no longer eligible for a guardianship subsidy, and (3) a procedure for determining the types and amounts of the subsidies.

(f) (1) A guardianship subsidy provided pursuant to this section shall continue, subject to the commissioner's annual review, until the child reaches the age of eighteen. A guardianship subsidy provided pursuant to this section may continue, subject to the commissioner's annual review, through the child's twenty-first birthday, provided the child is (A) enrolled in a full-time approved secondary education program or an approved program leading to an equivalent credential, (B) enrolled full time in an institution that provides postsecondary or vocational education, or (C) participating full time in a program or activity approved by the commissioner that is designed to promote or remove barriers to employment. The commissioner, in his or her discretion, may



## Agency Legislative Proposal – 2023 Session

Document Name:

waive the provision of full-time enrollment or participation based on compelling circumstances. To receive a guardianship subsidy pursuant to this subsection, the guardian shall, at the time of the annual review, submit to the commissioner a sworn statement that the child is still meeting the requirements of subparagraphs (A) to (C), inclusive, of this subdivision, provided the commissioner, in his or her discretion, may waive such requirements based on compelling circumstances.

(2) Annually, the subsidized guardian shall submit to the commissioner a sworn statement that the child is still living with and receiving support from the guardian. The commissioner, or the commissioner's designee, may require that the subsidized guardian submit any additional documentation that the commissioner or designee deems necessary for the purpose of determining whether such child is still living with and receiving support from the subsidized guardian. The parent of any child receiving assistance through the subsidized guardianship program shall remain liable for the support of the child as required by the general statutes.

(g) A guardianship subsidy shall not be included in the calculation of household income in determining eligibility for benefits of the caregiver of the subsidized child or other persons living within the household of the caregiver.

(h) Payments for guardianship subsidies shall be made from moneys available from any source to the commissioner for child welfare purposes. The commissioner shall develop and implement a plan that: (1) Maximizes use of the subsidized guardianship program to decrease the number of children in the legal custody of the commissioner and to reduce the number of children who would otherwise be placed into nonrelative foster care when there is a caregiver willing to provide care; (2) maximizes federal reimbursement for the costs of the subsidized guardianship program, provided whatever federal maximization method is employed shall not result in the caregiver of a child being subject to work requirements as a condition of receipt of benefits for the child or the benefits restricted in time or scope other than as specified in subsection (c) of this section; and (3) ensures necessary transfers of funds between agencies and interagency coordination in program implementation. The commissioner shall seek all federal waivers and reimbursement as are necessary and appropriate to implement this plan.

(i) In the case of the death, severe disability or serious illness of [\(1\) a caregiver who is receiving a guardianship subsidy or \(2\) an adoptive parent who is receiving an adoption subsidy pursuant to sections 17a-117 or 17a-118](#), the commissioner may transfer the guardianship [or adoption](#) subsidy to a successor guardian who meets the department's foster care safety requirements and who is appointed as legal guardian by a court of competent jurisdiction. For purposes of



**Agency Legislative Proposal – 2023 Session**

**Document Name:**

maximizing federal reimbursement for the costs of the subsidized guardianship program, the commissioner shall request that the caregiver identify such successor guardian in the subsidy agreement and any addendum thereto.

(j) Nothing in this section shall prohibit the commissioner from continuing to pay guardianship subsidies to those relative caregivers who entered into written subsidy agreements with the Department of Children and Families prior to October 5, 2009.

(k) Not less than thirty days prior to the termination or reduction of a guardianship subsidy, the commissioner shall (1) provide written notice of such reduction or termination to the caregiver receiving such subsidy, and (2) provide such caregiver with a hearing before the department in accordance with the provisions of chapter 54. If such an appeal is taken, the subsidy shall continue without modification until the final decision of the department.



**Agency Legislative Proposal – 2023 Session**

**Document Name:**

<b>Document Name</b>	<b>DCF4_ucclicensure</b>
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**Naming Format:** AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

*Please insert a copy of the fully drafted bill at the end of this document (required for review)*

<b>Legislative Liaison</b>	<b>Vincent Russo</b> <a href="mailto:Vincent.russo@ct.gov">Vincent.russo@ct.gov</a> <b>(860) 461-6689</b>
<b>Division Requesting This Proposal</b>	<b>Commissioner's Office</b>
<b>Drafter</b>	<b>Vincent Russo</b>

<b>Title of Proposal</b>	<b>An Act Concerning the Licensing or Urgent Crisis Centers</b>
<b>Statutory Reference, if any</b>	<b>PA 22-47 Section 46: C.G.S. section 19a-179f</b> <b>PA 22-47 Section 49: C.G.S. section 38a-477aa</b>
<b>Brief Summary and Statement of Purpose</b>	<b>Redefines urgent crisis centers, which were established din PA 22-47, as being licensed by DPH rather than DCF.</b>

**SECTION-BY-SECTION SUMMARY**

*Summarize sections in groups where appropriate*

<b>Sections 1 and 2 redefine urgent crisis centers as behavioral health service facilities that are operated under the direction of DCF but licensed by DPH.</b>
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**BACKGROUND**

Origin of Proposal

New Proposal

Resubmission

**If this is a resubmission, please share the prior bill number, the reason the bill did not move forward, and any changes made or conversations had since it was last proposed:**

*Please consider the following, if applicable:*

<b>Have there been changes in federal/state laws or regulations that make this legislation necessary?</b>	<b>PA 22-47, the comprehensive children's behavioral health law that passed last session, established urgent crisis centers to treat children who are experiencing acute psychiatric episodes on an emergency basis. These centers are not residential and are out-patient behavioral health clinics. DPH currently licenses out-patient clinics and would be the more appropriate agency to license UCC's. DCF would continue to contract and oversee the delivery of services by these facilities</b>
<b>Has this proposal or a similar proposal been implemented in other states? If yes, to what result?</b>	no
<b>Have certain constituencies called for this proposal?</b>	No



**Agency Legislative Proposal – 2023 Session**  
**Document Name:**

**INTERAGENCY IMPACT**

*List each affected agency. Copy the table as needed.*

Check here if this proposal does NOT impact other agencies

<b>1. Agency Name</b>	<b>Department of Public Health</b>
<b>Agency Contact (name, title)</b>	<b>Miriam Miller Adam Skowera</b>
<b>Date Contacted</b>	<b>On-going</b>
<b>Status</b>	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Talks Ongoing
<b>Open Issues, if any</b>	

**FISCAL IMPACT**

*Include the section number(s) responsible for the fiscal impact and the anticipated impact*

Check here if this proposal does NOT have a fiscal impact

<b>State</b>	<b>None</b>
<b>Municipal (Include any municipal mandate that can be found within legislation)</b>	
<b>Federal</b>	
<b>Additional notes</b>	



**MONITORING & EVALUATION PLAN**

*If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes*

**[X] Check here if this proposal does NOT lead to any measurable outcomes**

**ANYTHING ELSE WE SHOULD KNOW?**

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Section 1. Section 19a-179f of the general statutes, as amended by section 46 of public act 22-47, is repealed and the following is substituted in lieu thereof (Effective July 1, 2023):

(a) A licensed or certified emergency medical services organization or provider may transport a patient by ambulance to an alternate destination, in consultation with the medical director of a sponsor hospital.

(b) On or before January 1, 2024, the Office of Emergency Medical Services shall develop protocols for a licensed or certified emergency medical services organization or provider to transport a pediatric patient with mental or behavioral health needs by ambulance to an urgent crisis center. As used in this subsection, "urgent crisis center" means a center licensed by the [Department of Public Health and operated under the direction of the](#) Department of Children and Families that is dedicated to treating children's urgent mental or behavioral health needs.

(c) Any ambulance used for transport to an alternate destination under subsection (a) or (b) of this section shall meet the requirements for a basic level ambulance, as prescribed in regulations adopted pursuant to section 19a-179, including requirements concerning medically necessary



## Agency Legislative Proposal – 2023 Session

Document Name:

supplies and services.

Sec. 2. Section 38a-477aa of the general statutes, as amended by Public Act 22-47, is repealed and the following is substituted in lieu thereof (Effective July 1, 2023):

(a) As used in this section:

(1) "Emergency condition" has the same meaning as "emergency medical condition", as provided in section 38a-591a.

(2) "Emergency services" means, with respect to an emergency condition, (A) a medical screening examination as required under Section 1867 of the Social Security Act, as amended from time to time, that is within the capability of a hospital emergency department, including ancillary services routinely available to such department to evaluate such condition, and (B) such further medical examinations and treatment required under said Section 1867 to stabilize such individual [,] that are within the capability of the hospital staff and facilities.

(3) "Health care plan" means an individual or a group health insurance policy or health benefit plan that provides coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469.

(4) "Health care provider" means an individual licensed to provide health care services under chapters 370 to 373, inclusive, chapters 375 to 383b, inclusive, and chapters 384a to 384c, inclusive.

(5) "Health carrier" means an insurance company, health care center, hospital service corporation, medical service corporation, fraternal benefit society or other entity that delivers, issues for delivery, renews, amends or continues a health care plan in this state.

(6) (A) "Surprise bill" means a bill for health care services, other than emergency services or urgent crisis center services, received by an insured for services rendered by an out-of-network health care provider, where such services were rendered by (i) such out-of-network provider at an in-network facility, during a service or procedure performed by an in-network provider or during a service or procedure previously approved or authorized by the health carrier and the insured did not knowingly elect to obtain such services from such out-of-network provider, or (ii) a clinical laboratory, as defined in section 19a-30, that is an out-of-network provider, upon the referral of an in-network provider.



**Agency Legislative Proposal – 2023 Session**

**Document Name:**

(B) "Surprise bill" does not include a bill for health care services received by an insured when an in-network health care provider was available to render such services and the insured knowingly elected to obtain such services from another health care provider who was out-of-network.

(7) "Urgent crisis center" means a center licensed by the [Department of Public Health and operated under the direction of the](#) Department of Children and Families that is dedicated to treating children's urgent mental or behavioral health needs.

(8) "Urgent crisis center services" means pediatric mental and behavioral health services provided at an urgent crisis center.



**Agency Legislative Proposal – 2023 Session**

**Document Name:**

<b>Document Name</b>	<b>DCF5_CAPTAlanguageupdate</b>
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**Naming Format:** AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

*Please insert a copy of the fully drafted bill at the end of this document (required for review)*

<b>Legislative Liaison</b>	<b>Vincent Russo</b> <a href="mailto:Vincent.russo@ct.gov">Vincent.russo@ct.gov</a> <b>(860) 461-6689</b>
<b>Division Requesting This Proposal</b>	<b>Commissioner's Office</b>
<b>Drafter</b>	<b>Vincent Russo</b>

<b>Title of Proposal</b>	<b>An Act Concerning Updating CAPTA Language</b>
<b>Statutory Reference, if any</b>	<b>C.G.S. section 17a-102a</b>
<b>Brief Summary and Statement of Purpose</b>	<b>Updates language under the CAPTA statute.</b>

**SECTION-BY-SECTION SUMMARY**

*Summarize sections in groups where appropriate*

<b>The bill simply updates language under the CAPTA statute to change mothers and women to birth parents and plan of safe care to family care plan.</b>
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**Agency Legislative Proposal – 2023 Session**

**Document Name:**

**BACKGROUND**

**Origin of Proposal**

**New Proposal**

**Resubmission**

**If this is a resubmission, please share the prior bill number, the reason the bill did not move forward, and any changes made or conversations had since it was last proposed:**

*Please consider the following, if applicable:*

<b>Have there been changes in federal/state laws or regulations that make this legislation necessary?</b>	A reauthorization of CAPTA was introduced in the U.S. Senate in 2021 that replaces the term “plan of safe care” with “family care plan” ( <a href="https://www.congress.gov/bill/117th-congress/senate-bill/1927">https://www.congress.gov/bill/117th-congress/senate-bill/1927</a> ). Although the reauthorization has not passed to date, several states, scholars, and national organizations have implemented this language change (for example, see <a href="https://doi-org.ezproxy.lib.uconn.edu/10.1002/icd.2309">https://doi-org.ezproxy.lib.uconn.edu/10.1002/icd.2309</a> ) . Additionally, model legislation currently in development by the Legislative Analysis and Public Policy Association (LAPPA) under a grant from the Office of National Drug Control Policy also uses the terminology “family care plan” and “birthing person”. “Birthing person” also appears in President Biden’s 2022 Budget of the U.S. Government to reflect inclusive terminology.
<b>Has this proposal or a similar proposal been implemented in other states? If yes, to what result?</b>	Yes. One example is Oklahoma: <a href="https://oklahoma.gov/odmhas/trainings/training-institute/family-care-plan-elearning.html#:~:text=A%20Family%20Care%20Plan%20(FCP,out%2Dof%2Dhome%20placements">https://oklahoma.gov/odmhas/trainings/training-institute/family-care-plan-elearning.html#:~:text=A%20Family%20Care%20Plan%20(FCP,out%2Dof%2Dhome%20placements</a> . No research findings have come from the states that have changed their language to-date.
<b>Have certain constituent</b>	Yes. DCF partner organizations and agencies, such as DMHAS, have already begun using the term “birthing person” in their communications (see



**Agency Legislative Proposal – 2023 Session**

**Document Name:**

<b>cies called for this proposal?</b>	<a href="https://portal.ct.gov/-/media/DMHAS/ADPC/Presentations/REACH-ADPC-62122-FINAL.pdf">https://portal.ct.gov/-/media/DMHAS/ADPC/Presentations/REACH-ADPC-62122-FINAL.pdf</a> .  As part of the FASD SEI initiative, we have shifted language to be more inclusive to all individuals. The SEPI CT (substance exposed pregnancy initiative ) marketing campaigns and training curriculum has this language in it. <a href="https://www.ctclearinghouse.org/sei-fasd/">https://www.ctclearinghouse.org/sei-fasd/</a>
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**INTERAGENCY IMPACT**

*List each affected agency. Copy the table as needed.*

**[X]** Check here if this proposal does NOT impact other agencies

<b>1. Agency Name</b>	
<b>Agency Contact (name, title)</b>	
<b>Date Contacted</b>	<b>On-going</b>
<b>Status</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Talks Ongoing
<b>Open Issues, if any</b>	

**FISCAL IMPACT**

*Include the section number(s) responsible for the fiscal impact and the anticipated impact*

**[X]** Check here if this proposal does NOT have a fiscal impact

<b>State</b>	
<b>Municipal (Include any municipal mandate that can be found within legislation)</b>	
<b>Federal</b>	



**Agency Legislative Proposal – 2023 Session**

**Document Name:**

<b>Additional notes</b>	

**MONITORING & EVALUATION PLAN**

*If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes*

**[X] Check here if this proposal does NOT lead to any measurable outcomes**

**ANYTHING ELSE WE SHOULD KNOW?**

Section 1. Section 17a-102a of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2023):

(a) Each birthing hospital shall provide education and training for nurses and other staff who care for high-risk newborns on the roles and responsibilities of such nurses and other staff as mandated reporters of potential child abuse and neglect under section 17a-101.

(b) The Department of Children and Families shall coordinate with each birthing hospital in the state to disseminate information regarding (1) procedures for the principal providers of daily direct care of high-risk newborns in birthing hospitals to participate in the discharge planning process, and (2) ongoing department functions concerning high-risk newborns.

(c) [Not later than January 1, 2019, the] [The](#) Commissioner of Children and Families shall, in consultation with other departments, agencies or entities concerned with the health and well-being of children,



## Agency Legislative Proposal – 2023 Session

### Document Name:

develop guidelines for the safe care of newborns who exhibit physical, neurological or behavioral symptoms consistent with prenatal substance exposure, withdrawal symptoms from prenatal substance exposure or fetal alcohol spectrum disorder. Such guidelines shall include, but are not limited to, instructions to providers regarding such providers' participation in the discharge planning process, including the creation of written [plans of safe care] [family care plans](#), which shall be developed between such providers and [mothers] [birth parents](#) of such newborns as part of such process.

(d) A provider involved in the delivery or care of a newborn who, in the estimation of such provider, exhibits physical, neurological or behavioral symptoms consistent with prenatal substance exposure, withdrawal symptoms from prenatal substance exposure or fetal alcohol spectrum disorder shall notify the Department of Children and Families of such condition in such newborn. Such notice shall be made in a form and manner prescribed by the Commissioner of Children and Families and in addition to any applicable reporting requirements pursuant to chapter 319a. [On and after January 15, 2019, such] [Such](#) notice shall include a copy of the [plan of safe care] [family care plan](#) created pursuant to the guidelines developed pursuant to subsection (c) of this section.

(e) For purposes of this section:

- (1) "Birthing hospital" means a health care facility, as defined in section 19a-630, operated and maintained in whole or in part for the purpose of caring for [women] [birth parents](#) during delivery of a child and for [women] [birth parents](#) and their newborns following birth;
- (2) "High-risk newborn" means any newborn identified as such under any regulation or policy of the Department of Children and Families; and
- (3) "Provider" means any person licensed pursuant to chapter 370, 377 or 378.