

REVISED



STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES
AGENCY LEGISLATIVE PROPOSAL - 2018 SESSION



Document Name: DCF 18-1A Threatening CPS Workers.docx
(If submitting electronically, please label with date, agency, and title of proposal, e.g. 18-1_DCF_TechRevisions)

State Agency: Department of Children and Families
Liaison: Josh Howroyd
Phone: (860) 550-6329
E-mail: josh.howroyd@ct.gov
Lead agency division requesting this proposal: Office of the Chief of Staff
Agency Analyst/Drafter of Proposal: Josh Howroyd

Title of Proposal: Threatening CPS Workers
Statutory Reference: §§ 53a-61aa, 53a-62
Proposal Summary:
This proposal includes threats made against a child protective services worker in statutes related to Threatening in the First Degree and Threatening in the Second Degree.

PROPOSAL BACKGROUND

Reason for Proposal

Please consider the following, if applicable:

- (1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?
(2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?
(3) Have certain constituencies called for this action?
(4) What would happen if this was not enacted in law this session?

DCF workers, along with other human service providers, have been the subject of serious threats. Two years ago, a Vermont DCF social worker was killed by a disgruntled client. This proposal is based on a law passed in Illinois in 2013 and applies to human services providers and other public officials.

Origin of Proposal [] New Proposal [x] Resubmission

If this is a resubmission, please share:

- (1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
(4) What was the last action taken during the past legislative session?

This proposal was submitted by DCF during the 2016 (S.B. No. 186) session and was favorably reported by the Children's Committee and the Judiciary Committee and passed the Senate on Consent. It died on the House Calendar. The language of the proposal is that of Senate Amendment "A" which passed the Senate.

PROPOSAL IMPACT

◇ **AGENCIES AFFECTED** *(please list for each affected agency)*

<p>Agency Name: Click here to enter text.</p> <p>Agency Contact (name, title, phone): Click here to enter text.</p> <p>Date Contacted: Click here to enter text.</p> <p>Approve of Proposal <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Talks Ongoing</p>
<p>Summary of Affected Agency's Comments</p> <p>Click here to enter text.</p>
<p>Will there need to be further negotiation? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

◇ **FISCAL IMPACT** *(please include the proposal section that causes the fiscal impact and the anticipated impact)*

<p>Municipal <i>(please include any municipal mandate that can be found within legislation)</i></p> <p>No municipal fiscal impact</p>
<p>State</p> <p>No state fiscal impact</p>
<p>Federal</p> <p>No federal fiscal impact</p>
<p>Additional notes on fiscal impact</p> <p>Click here to enter text.</p>

◇ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

<p>Click here to enter text.</p>
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Protection of Child Protective Services Workers

Section 1. Section 53a-61aa of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) A person is guilty of threatening in the first degree when such person (1) (A) threatens to commit any crime involving the use of a hazardous substance with the intent to terrorize another person, to cause evacuation of a building, place of assembly or facility of public transportation or otherwise to cause serious public inconvenience, or (B) threatens to commit such crime in reckless disregard of the risk of causing such terror, evacuation or inconvenience;

(2) (A) threatens to commit any crime of violence with the intent to cause evacuation of a building, place of assembly or facility of public transportation or otherwise to cause serious public inconvenience, or (B) threatens to commit such crime in reckless disregard of the risk of causing such evacuation or inconvenience; ~~(3)~~ (3) commits threatening in the second degree as provided in section 53a-62, as amended by this act, and in the commission of such offense ~~he~~ such person uses or is armed with and threatens the use of or displays or represents by ~~his~~ such person's words or conduct that ~~he~~ such person possesses a pistol, revolver, shotgun, rifle, machine gun or other firearm; or (4) violates subdivision (1) or (3) of this subsection and the person being threatened is a child protective services worker, and the threat is related to such child protective services worker's official duties. No person shall be found guilty of threatening in the first degree under subdivision (3) of this subsection and threatening in the second degree upon the same transaction but such person may be charged and prosecuted for both such offenses upon the same information.

(b) For the purposes of this section, "hazardous substance" means any physical, chemical, biological or radiological substance or matter which, because of its quantity, concentration or physical, chemical or infectious characteristics, may cause or significantly contribute to an increase in mortality or an increase in serious irreversible or incapacitating reversible illness, or pose a substantial present or potential hazard to human health, and "child protective services worker" means a social worker, supervisor, manager, case worker, case aide or investigator employed by the Department of Children and Families, or a provider under contract with the department, who provides social work, case work or investigative services to or on behalf of the department.

(c) Threatening in the first degree is a class D felony, except that a violation of subdivision (4) of subsection (a) is a class C felony.

Sec. 2. Section 53a-62 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) A person is guilty of threatening in the second degree when: (1) By physical threat, such person intentionally places or attempts to place another person in fear of imminent serious physical injury, (2) (A) such person threatens to commit any crime of violence with the intent to terrorize another person, or ~~(3)~~ (B) such person threatens to commit such crime of violence in reckless disregard of the risk of causing such terror, or (3) such person violates subdivision (1) or (2) of this subsection and the person being threatened is a child protective services worker, and the threat is related to the child protective services worker's official duties. For the purposes of this section, "child protective services worker" has the same meaning as provided in subsection (b) of section 53a-61aa, as amended by this act.

(b) Threatening in the second degree is a class A misdemeanor, except that a violation of subdivision (3) of subsection (a) of this section is a class D felony.

REVISED



STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES
AGENCY LEGISLATIVE PROPOSAL - 2018 SESSION



Document Name: DCF 18-2A Revisions to DCF Statutes.docx

(If submitting electronically, please label with date, agency, and title of proposal – 18-1_DCF_TechRevisions)

State Agency: Department of Children and Families

Liaison: Josh Howroyd

Phone: (860) 550-6329

E-mail: josh.howroyd@ct.gov

Lead agency division requesting this proposal: Office of the Chief of Staff

Agency Analyst/Drafter of Proposal: Josh Howroyd

Title of Proposal: Revisions to Certain Statutes of the Department of Children and Families

Statutory Reference: §§ 17a-22bb(h), 17a-22ff(f), 17a-28(g)(8), 17a-58(b), 17a-101b(a), 17a-101c, 17a-101d, 17a-101h, 17a-102a, 17a-103(a), 17a-114(a), 17a-118, 17a-126, 17a-145(a), 17a-153, 46b-129(j)(1)

Proposal Summary:

This proposal makes the following revisions to DCF statutes:

§§ 1-4 - Electronic Reporting of Reports of Child Abuse or Neglect

This would allow the electronic filing of DCF 136's by Mandated Reporters to the DCF Careline for non-emergent incidents of abuse or neglect.

The DCF Careline serves as the central point of entry for reports of child abuse and neglect for the State of Connecticut. Several practice and legislative changes have contributed to the increased utilization of this system and there is need for adjustments to increase efficiency. Developing additional pathways for specific types of reports from Mandated Reporters, will provide benefits in efficiency to DCF, the professionals responsible for well-being of children, and ultimately the community.

The DCF Careline received 52,417 reports of abuse/neglect in 2016. That number has consistently increased in each of the past 5 years, a total growth of 12.9% since 2011. Of the reports that are called into the Careline in 2016, 77.8% were made by Mandated Reporters. During peak hours, callers to the Careline are often subject to significant wait times in making reports, despite the development of systems (i.e. A call back feature in the phone system) to minimize wait and call abandonment rates. Current legislation also requires the Mandated Reporter to not only make a verbal report to the DCF Careline within 12 hours of suspected abuse and neglect, but also complete a DCF 136 form and mailing or faxing that document to the appropriate DCF office.

Several states have already implemented this practice, with a variety of parameters regarding the type of reports that can be submitted electronically. Additionally, security and verification technology measures would be implemented to ensure the integrity of the report and reporter,

while also providing a record of the referral. Electronic filing would only be an available option for mandated reporters. Firewalls will be created to ensure that reports that need immediate response based upon the information provided are directed to a live screener at the Careline.

§ 5 - CAPTA Requirements

The language of this section is intended to be a non-punitive, public-health oriented language which seeks to codify certain sections of the federal Child Abuse Prevention and Treatment Act (CAPTA), as amended by the Comprehensive Addiction and Recovery Act (CARA), that requires states to have policies and procedures in place to address the needs of infants born with and identified as being affected by substance use, withdrawal symptoms or Fetal Alcohol Spectrum Disorder, including a requirement that healthcare providers involved in the delivery or care of such infant notify the child protection services system. This proposal formalizes a uniform, collaborative response protocol for the development of a Plan of Safe Care for infants with prenatal substance exposure and their affected family or caregivers.

§ 6 - Information Sharing Related to the Investigation of Fraud in the Receipt of Benefits

Amend § 17a-28 be amended to include mandatory disclosure of DCF records to law enforcement or any similar agency, whether state or federal, investigating fraud in the receipt of benefits, whether the benefits are public or private. This proposal was suggested by Office of the Inspector General of the Social Security Administration.

§ 7 - Safe Haven Revisions

Revise §17a-58 to remove the requirement that a new mother provide written notice that she wishes to voluntarily surrender her new born in accordance with the Safe Haven Act. Other parents who wish to surrender their infant within 30 days of birth are not required to provide written notice of their intent. Requiring hospitals to use a form, proscribed by the Department (which is currently required, although there appears to be no form), could lead to further confusion about what information is provided to the Department and could lead to more cases where the mother's anonymity is comprised if the form is forwarded to the Department.

§ 8 - Definition of "Fictive Kin Caregiver"

Amend § 17a-114 regarding the definition of "fictive kin caregiver" to include a person unrelated to a child or family.

§ 9 - Exempt DDS Continuous Residential Support Homes from DCF Licensure

To exempt the Department of Developmental Services Continuous Residential Support (CRS) homes from DCF licensing. The CRS homes are overseen by DDS Quality Management but are not licensed by DDS. DCF currently licenses three CRS homes that serve youth under age 18. DDS has a review process which is equivalent or higher than the DCF licensing standard.

§ 10 - Violations of a License Issued by DCF

Current 17a-153 speaks broadly about violations of the three sections (§ 17a-145, 17a-149 and 17a-152). This proposal would amend § 17a-145 to be more specific by including the language "care for, board or place" since we are seeking a fine or injunction and believe that we need to be very clear on the activities that would lead to such an action. We have recently become aware of unlicensed educational boarding programs and the Department has limited enforcement powers.

§ 11 - Legal Clarification Related to a Claim of the Presumption of a Benefit for a Person Who Does Not Have Current Custody of a Child

To address a recent issue that has come to the attention of the Office of the Attorney General.

§§ 12-13 - Consolidation of Reporting Dates for the Children’s Mental, Emotional and Behavioral Health Plan

To make all reporting dates consistent for the Children’s Mental, Emotional and Behavioral Health Plan. Currently, most plan requirements are due on October 1st, however there are two isolated provisions with reporting dates of July 1 and September 15.

§ 14 – DCF Authority to Interview a Child

To amend § 17a-101h to specify that DCF has the authority to interview a child without the consent of a parent when “neglect” by that parent or a member of the household is suspected. The existing statute only permits an interview without the consent of a parent when “abuse” is suspected or in situations when seeking such consent would place the child at imminent risk of physical harm.

PROPOSAL BACKGROUND

◇ Reason for Proposal

Please consider the following, if applicable:

- (1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?
- (2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?
- (3) Have certain constituencies called for this action?
- (4) What would happen if this was not enacted in law this session?

This is an omnibus proposal to amend various DCF statutes.

◇ Origin of Proposal

New Proposal

Resubmission

If this is a resubmission, please share:

- (1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration’s package?
- (2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
- (3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
- (4) What was the last action taken during the past legislative session?

Click here to enter text.

PROPOSAL IMPACT

◇ AGENCIES AFFECTED (please list for each affected agency)

Agency Name: Department of Mental Health and Addiction Services

Agency Contact (name, title, phone): Mary Kate Mason, Legislative Liaison, 860-418-6839

Date Contacted: November 17, 2017

See Section 5, pages 6-8 - § 17a-102a

Approve of Proposal **YES** **NO** **Talks Ongoing**

Summary of Affected Agency’s Comments

DMHAS suggested a language modification (removal of language “Where safety risks are identified” in subsection (d) of § 7, which has been incorporated into the revised language.

Will there need to be further negotiation? **YES** **NO**

Agency Name: Department of Social Services
Agency Contact (name, title, phone): Krista Ostaszewski, Legislative Liaison, 860-424-5612
Date Contacted: November 17, 2017
See Section 6, page 8 - § 17a-28(g)(8)
Approve of Proposal **YES** **NO** **Talks Ongoing**

Summary of Affected Agency's Comments
11-20-17 -DSS has reviewed and they have no concerns with the proposed language.

Will there need to be further negotiation? **YES** **NO**

Agency Name: Department of Developmental Services
Agency Contact (name, title, phone): Christine Pollio Cooney, Dir. Of Leg. & Exec. Affairs, 860-418-6009 Rod O'Connor, Legislative Liaison, 860-418-6001
Date Contacted: November 17, 2017
See Section 9, page 9 - § 17a-145
Approve of Proposal **YES** **NO** **Talks Ongoing**

Summary of Affected Agency's Comments
11-27-17 - DDS has reviewed and they have no concerns with the proposed language.

Will there need to be further negotiation? **YES** **NO**

Agency Name: Judicial Branch
Agency Contact (name, title, phone): Doreen DelBianco, Dep. Dir. of External Affairs, 860-757-2276 Matthew Berardino, Staff Attorney, 86-757-2270
Date Contacted: November 17, 2017
See Section 11, page 10 - § 46b-129 (j)(1)
Approve of Proposal **YES** **NO** **Talks Ongoing**

Summary of Affected Agency's Comments
11/20/17 - Judicial has reviewed and they have no concerns with the proposed language.

Will there need to be further negotiation? **YES** **NO**

◇ **FISCAL IMPACT** *(please include the proposal section that causes the fiscal impact and the anticipated impact)*

Municipal *(please include any municipal mandate that can be found within legislation)*
No municipal fiscal impact.

State
Potential Savings: It is estimated that there is a potential savings related to electronic reporting to the DCF Careline (§§ 1-6) of \$50,000 annually, in shift overlap overtime, while also being able to reduce wait times at the Careline. Revenue Loss: Potential significant

revenue loss if Connecticut is deemed not to be in compliance with the federal CAPTA (§ 7). Non-compliance with CAPTA would result in a loss of federal revenue of approximately \$280,000 annually, depending on federal funding levels. DCF was awarded a CAPTA grant of \$280,851 in 2017. Since 2001, approximately \$5.1 million has been awarded to DCF under CAPTA.

Federal

Potential significant revenue loss if Connecticut is deemed not to be in compliance with the federal CAPTA (see State impact).

Additional notes on fiscal impact

[Click here to enter text.](#)

◇ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

This proposal promotes efficiency in agency operations.

Revisions to Certain Statutes of the Department of Children and Families

Section 1. Section 17a-101b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) An oral [or electronic](#) report shall be made by a mandated reporter as soon as practicable but not later than twelve hours after the mandated reporter has reasonable cause to suspect or believe that a child has been abused or neglected or placed in imminent risk of serious harm, by telephone or in person to the Commissioner of Children and Families or a law enforcement agency. [Any mandated reporter making an electronic report shall be available within twenty-four hours of making such report to respond to a telephone follow-up call by the Department.](#) If a law enforcement agency receives an oral report, it shall immediately notify the Commissioner of Children and Families.

Sec. 2. Section 17a-101c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

Not later than forty-eight hours after making an oral report, a mandated reporter shall submit a written [or electronic](#) report to the Commissioner of Children and Families or the commissioner's designee [on a form or in a format prescribed by the Commissioner.](#) When a mandated reporter is a member of the staff of a public or private institution or facility that provides care for such child or public or private school the reporter shall also submit a copy of the written report to the person in charge of such institution, school or facility or the person's designee. In the case of a report concerning a school employee holding a certificate, authorization or permit issued by the State Board of Education under the provisions of sections 10-144o to 10-146b, inclusive, and 10-149, a copy of the written report shall also be sent by the Commissioner of Children and Families

or the commissioner's designee to the Commissioner of Education or the commissioner's designee. In the case of an employee of a facility or institution that provides care for a child which is licensed by the state, a copy of the written report shall also be sent by the Commissioner of Children and Families to the executive head of the state licensing agency.

Sec. 3. Section 17a-101d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

All oral, electronic and written reports required in sections 17a-101a to 17a-101c, inclusive, and section 17a-103, shall contain, if known: (1) The names and addresses of the child and his or her parents or other person responsible for his or her care; (2) the age of the child; (3) the gender of the child; (4) the nature and extent of the child's injury or injuries, maltreatment or neglect; (5) the approximate date and time the injury or injuries, maltreatment or neglect occurred; (6) information concerning any previous injury or injuries to, or maltreatment or neglect of, the child or his or her siblings; (7) the circumstances in which the injury or injuries, maltreatment or neglect came to be known to the reporter; (8) the name of the person or persons suspected to be responsible for causing such injury or injuries, maltreatment or neglect; (9) the reasons such person or persons are suspected of causing such injury or injuries, maltreatment or neglect; (10) any information concerning any prior cases in which such person or persons have been suspected of causing an injury, maltreatment or neglect of a child; and (11) whatever action, if any, was taken to treat, provide shelter or otherwise assist the child. For purposes of this section, "child" includes any victim described in subdivision (2) of subsection (a) of section 17a-101a.

Sec. 4. Section 17a-103 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) Any mandated reporter acting outside his or her professional capacity and any other person having reasonable cause to suspect or believe that any child under the age of eighteen is in danger of being abused, or has been abused or neglected, as defined in section 46b-120, may cause a written, electronic or oral report to be made to the Commissioner of Children and Families or the commissioner's representative or a law enforcement agency. The Commissioner of Children and Families or the commissioner's representative shall use his or her best efforts to obtain the name and address of a person who causes a report to be made pursuant to this section. In the case of an oral report, such report shall be recorded on tape and the commissioner or the commissioner's representative shall announce to the person making such report that such report is being recorded and shall state the penalty for knowingly making a false report of child abuse or neglect under subsection (d) of section 17a-101e.

Sec. 5. Section 17a-102a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(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 the birthing hospitals in the state to disseminate information regarding the procedures for the principal providers of daily direct care of high-risk newborns in birthing hospitals to participate in the discharge planning process and ongoing department functions concerning such newborns.

(c) ~~[For purposes of this section, "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 during delivery of a child and for women and their newborns following birth, and "high-risk newborn" means any newborn identified as such under any regulation or policy of the Department of Children and Families.]~~ A health-care provider involved in the delivery or care of a newborn who the provider has reasonable cause to suspect or believe has been born affected by substance exposure or is demonstrating withdrawal symptoms from drug exposure or fetal alcohol spectrum disorder, shall notify the Department of Children and Families of that condition in the newborn infant. The notice required by this subsection shall be made in a manner to be determined by the Department. Nothing in this section shall impact the need to make good faith reports about newborns for any reason that meets the requirements set forth in section 17a-101a or elsewhere in Chapter 319a.

(d) The Department of Children and Families shall act to protect infants born identified as being affected by substance exposure or having fetal alcohol spectrum disorder. While the department shall act to advance the best interests and secure the safety and well-being of an infant with prenatal substance exposure, it shall do so while preserving the family unit whenever the safety of the infant is not jeopardized. The department shall: (1) receive notifications of infants who may be affected by substance exposure or who have fetal alcohol spectrum disorders; (2) assess reports of infants born who may be affected by substance exposure or are demonstrating withdrawal symptoms resulting from substance exposure or who have fetal alcohol spectrum disorders as determined by the department to protect the newborn infants pursuant to section 17a-101g; (3) determine whether the newborn infant from whom the department conducts an investigation has been abused or neglected within the meaning of section 46b-120; (4) for each newborn infant who the provider has reasonable cause to suspect has been affected by substance exposure, to be demonstrating withdrawal symptoms resulting from substance exposure or to have fetal alcohol spectrum disorders, develop, with the assistance of any health care provider involved in the mother's or child's medical or mental health care, a Plan of Safe Care for the infant and all household members to ensure a comprehensive response to the effects of prenatal exposure; and (5) develop a coordinated, service integrated response by various agencies in Connecticut's health and child welfare systems to work together to ensure the safety and well-being of infants with prenatal substance exposure by developing, implementing and monitoring a plan of safe care that address the health and substance use disorder treatment needs of the infant and affected family or caregiver.

(e) For purposes of this section, the following definitions shall apply:

(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 during delivery of a child and for women and their newborns following birth, and "high-risk newborn" means any newborn identified as such under any regulation or policy of the Department of Children and Families.

(2) “Provider” shall mean any licensed health care professional, as defined by section 19a-12a or elsewhere in Chapter 368a.

(3) “Affected by” shall mean, as determined by the healthcare provider involved in the delivery or care of an infant with prenatal substance exposure, any detectable physical, neurological or behavioral symptoms or harm that is associated with substance abuse, withdrawal symptoms as defined in this section, or Fetal Alcohol Spectrum Disorder.

(4) “Plan of Safe Care” or “Plan” shall mean a written plan to ensure the safety of an infant and caregiver with prenatal substance exposure following the release from the care of a healthcare provider by addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver, and monitoring these plans to ensure appropriate referrals are made and services are delivered to the infant and affected family or caregiver.

Sec. 6. Subdivision (8) of subsection (g) of section 17a-28 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(8) A state or federal law enforcement officer for purposes of investigating (A) an allegation related to child abuse or neglect, (B) an allegation that an individual made a false report of suspected child abuse or neglect, ~~[or]~~ (C) an allegation that a mandated reporter failed to report suspected child abuse or neglect in accordance with section 17a-101a, or (D) an allegation of fraud in the receipt of benefits, whether the benefits are public or private, provided no information identifying the subject of the record is disclosed unless such information is essential to any such investigation;

Sec. 7. Subsection (b) of section 17a-58 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(b) If the mother of an infant wishes to voluntarily surrender physical custody of the infant while the mother is in the hospital to give birth to the infant, the mother shall provide notice that she wishes to surrender physical custody of the infant ~~[, in writing, on a form prescribed by the Commissioner of Children and Families, and deliver such notice]~~ to any health care provider who is licensed by the Department of Public Health and who provides health care services on behalf of the hospital. Upon receipt of such notice, such health care provider shall notify the designated employee pursuant to section 17a-57, who shall immediately take physical custody of the infant. ~~[The hospital shall retain the written notice provided by the mother in a file separate from the mother's medical records.]~~ No hospital employee or health care provider shall disclose ~~[the contents of the written notice, including]~~ the name of the mother, to the Department of Children and Families or any person or organization without the mother's permission.

Sec. 8. Subsection (a) of section 17a-114 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) As used in this section, (1) “approval” or “approved” means that a person has been approved to provide foster care 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 or family by birth, adoption or marriage but who has an

emotionally significant relationship with such child 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.

Sec. 9. Section 17a-145 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) No person or entity shall care for or board a child without a license obtained from the Commissioner of Children and Families, except: (1) When a child has been placed by a person or entity holding a license from the commissioner; (2) any residential educational institution exempted by the State Board of Education under the provisions of section 17a-152; (3) residential facilities licensed by or under contract with the Department of Developmental Services pursuant to section 17a-227; (4) facilities providing child care services, as defined in section 19a-77; or (5) any home that houses students participating in a program described in subparagraph (B) of subdivision (8) of section 10a-29. The person or entity seeking a child care facility license shall file with the commissioner an application for a license, in such form as the commissioner furnishes, stating the location where it is proposed to care for such child, the number of children to be cared for, in the case of a corporation, the purpose of the corporation and the names of its chief officers and of the actual person responsible for the child. The Commissioner of Children and Families is authorized to fix the maximum number of children to be boarded and cared for in any such home or institution or by any person or entity licensed by the commissioner. If the population served at any facility, institution or home operated by any person or entity licensed under this section changes after such license is issued, such person or entity shall file a new license application with the commissioner, and the commissioner shall notify the chief executive officer of the municipality in which the facility is located of such new license application, except that no confidential client information may be disclosed.

Sec. 10. Section 17a-153 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) Any person [~~or corporation which violates any provision of~~] or entity caring for, boarding or placing a child without the license required under the provisions of section 17a-145, section 17a-149 or section 17a-152 [~~shall be fined not more than one hundred dollars~~] or an exemption under the provisions of said sections, shall be subject to a civil penalty of not more than one hundred dollars per day for each day that said person or entity continues to care for, board or place a child without the license or exemption.

(b) Notwithstanding the existence or pursuit of any other remedy, the Department of Children and Families may, in the manner provided by law conduct an investigation of any report that a person or entity is caring for, boarding or placing a child in violation of sections 17a-145, section 17a-149 or section 17a-152 and upon the advice of the Attorney General, maintain an action in the name of the state for injunction or other process against any person or entity to restrain or prevent the caring for, boarding or placing of a child in violation of section 17a-145, section 17a-149 or section 17a-152.

(c) If the Commissioner of Children and Families has reason to believe that a violation has occurred for which a civil penalty is authorized by subsection (a) of this section, he or she may send to such person or entity by certified mail, return receipt requested, or personally serve upon such person or entity, a notice which shall include: (1) A reference to the section or sections of the general statutes or regulations involved; (2) a short and plain statement of the matters asserted or charged; (3) a statement of the maximum civil penalty which may be imposed for such violation; and (4) a statement of the party's right to request a hearing, such request to be submitted in writing to the commissioner not later than thirty days after the notice is mailed or served.

(d) If such person or entity so requests, the commissioner shall cause a hearing to be held. The hearing shall be held in accordance with the provisions of chapter 54. If such person or entity fails to request a hearing or fails to appear at the hearing or if, after the hearing, the commissioner finds that the person or entity has committed such violation, the commissioner may, in his or her discretion, order that a civil penalty be imposed that is not greater than the penalty stated in the notice. The commissioner shall send a copy of any order issued pursuant to this subsection by certified mail, return receipt requested, to the person or entity named in such order.

Sec. 11. Subdivision (1) of subsection (j) of section 46b-129 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(j) (1) For the purposes of this subsection and subsection (k) of this section, (A) “permanent legal guardianship” means a permanent guardianship, as defined in section 45a-604, and (B) “caregiver” means (i) a fictive kin caregiver, as defined in section 17a-114, who is caring for a child, (ii) a relative caregiver, as defined in section 17a-126, who is caring for the child or (iii) a person who is licensed or approved to provide foster care pursuant to section 17a-114, who is caring for the child.

Sec. 12. Subsection (h) of section 17a-22bb of the general statutes, as amended by section 143 of June Special Session, Public Act 17-2, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(h) On or before ~~July~~ October 1, 2018, the Department of Children and Families, in collaboration with the Children's Mental, Emotional and Behavioral Health Plan Implementation Advisory Board, established pursuant to section 17a-22f, shall submit recommendations for addressing any unmet mental, emotional and behavioral health needs of children that are attributed to an increased risk of involvement in the juvenile and criminal justice systems, in accordance with section 11-4a, to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to children and appropriations.

Sec. 13. Subsection (f) of section 17a-22ff of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(f) Not later than ~~September 15, 2016~~ October 1, 2018, and annually thereafter, the board shall submit a report, 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. Such

report shall detail (1) the status of the execution of the implementation plan, (2) the level of collaboration among the agencies and stakeholders involved in the execution of the implementation plan, (3) any recommendations for improvements in the execution of the implementation plan or the collaboration among such agencies and stakeholders, and (4) any additional information the board deems necessary and relevant to prevent or reduce the long-term negative impact of mental, emotional and behavioral health issues on children.

Sec. 14. Section 17a-101j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

Notwithstanding any provision of the general statutes, any person authorized to conduct an investigation of abuse or neglect shall coordinate investigatory activities in order to minimize the number of interviews of any child and share information with other persons authorized to conduct an investigation of child abuse or neglect, as appropriate. A person reporting child abuse or neglect shall provide any person authorized to conduct an investigation of child abuse or neglect with all information related to the investigation that is in the possession or control of the person reporting child abuse or neglect, except as expressly prohibited by state or federal law. The commissioner shall obtain the consent of parents or guardians or other persons responsible for the care of the child to any interview with a child, except that such consent shall not be required when the department has reason to believe such parent or guardian or other person responsible for the care of the child or member of the child's household is the perpetrator of the alleged abuse [or neglect](#) or that seeking such consent would place the child at imminent risk of physical harm. If consent is not required to conduct the interview, such interview shall be conducted in the presence of a disinterested adult unless immediate access to the child is necessary to protect the child from imminent risk of physical harm and a disinterested adult is not available after reasonable search. For purposes of this section, "child" includes any victim described in subdivision (2) of subsection (a) of section 17a-101a.



STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES
AGENCY LEGISLATIVE PROPOSAL - 2018 SESSION



Document Name: DCF 18-3 Medical Care for Children

(If submitting electronically, please label with date, agency, and title of proposal, e.g. 18-1_DCF_TechRevisions)

State Agency: Department of Children and Families

Liaison: Josh Howroyd
Phone: (860) 550-6329
E-mail: josh.howroyd@ct.gov

Lead agency division requesting this proposal: Office of the Chief of Staff

Agency Analyst/Drafter of Proposal: Josh Howroyd

Title of Proposal: Medical Care for Children in the Custody of DCF

Statutory Reference: §§ 17a-10 (c), 17a-98, 46b-129 (b)

Proposal Summary: To provide explicit legal authority for the DCF Commissioner to vaccinate children and to provide necessary medical treatment for children in the legal custody of the Department.

PROPOSAL BACKGROUND

◇ Reason for Proposal

Please consider the following, if applicable:

- (1) *Have there been changes in federal/state/local laws and regulations that make this legislation necessary?*
- (2) *Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?*
- (3) *Have certain constituencies called for this action?*
- (4) *What would happen if this was not enacted in law this session?*

This proposal amends various statutes to clarify DCF’s authority to provide vaccinations and other necessary medical treatment for children in the custody of DCF. The authority to conduct medical multidisplinary evaluations while a child is on an order of temporary custody also will assist DCF in addressing the medical needs of children, a significant requirement under the Juan F. consent decree.

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

If this is a resubmission, please share:

- (1) *What was the reason this proposal did not pass, or if applicable, was not included in the Administration’s package?*
- (2) *Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?*
- (3) *Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?*
- (4) *What was the last action taken during the past legislative session?*

Click here to enter text.

PROPOSAL IMPACT

◇ **AGENCIES AFFECTED** (please list for each affected agency)

Agency Name: Click here to enter text.

Agency Contact (name, title, phone): Click here to enter text.

Date Contacted: Click here to enter text.

Approve of Proposal YES NO Talks Ongoing

Summary of Affected Agency's Comments

Click here to enter text.

Will there need to be further negotiation? YES NO

◇ **FISCAL IMPACT** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)

No municipal fiscal impact

State

No state fiscal impact

Federal

No federal fiscal impact

Additional notes on fiscal impact

Click here to enter text.

◇ **POLICY and PROGRAMMATIC IMPACTS** (Please specify the proposal section associated with the impact)

Click here to enter text.

Medical Care for Children in the Custody of DCF

Section 1. Subsection (c) of section 17a-10 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2018):

(c) When deemed in the best interests of a child in the custody of the commissioner, the commissioner, the commissioner's designee, a superintendent or assistant superintendent or, when the child is in transit between department facilities, a designee of the commissioner, may authorize, on the advice of a physician licensed to practice in the state, [~~medical treatment, including surgery,~~] vaccinations, medical, psychological, psychiatric or surgical treatment or conduct a medical multidisciplinary evaluation, to insure the continued good health or life of the

child. Any of said persons may, when he or she deems it in the best interests of the child, authorize, on the advice of a dentist licensed to practice in the state, dentistry, including dental surgery, to insure the continued good health of the child. Upon such authorization, the commissioner shall exercise due diligence to inform the parents or guardian prior to taking such action, and in all cases shall send notice to the parents or guardian by letter to their last-known address informing them of the actions taken, of their necessity and of the outcome, but in a case where the commissioner fails to notify, such failure will not affect the validity of the authorization.

Sec. 2. Section 17a-98 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

The Commissioner of Children and Families, or any agent appointed by said commissioner, shall exercise careful supervision of each child under said commissioner's guardianship or care and shall maintain such contact with the child and the child's foster family as is necessary to promote the child's safety and physical, educational, moral and emotional development, including, but not limited to, visiting each foster home at least once every sixty days. The commissioner, may authorize, on the advice of a physician licensed to practice in the state, vaccinations, medical, psychological, psychiatric or surgical treatment or conduct a medical multidisciplinary evaluation, to insure the continued good health or life of the child. The commissioner shall maintain such records and accounts as may be necessary for the proper supervision of all children under said commissioner's guardianship or care.

Sec. 3. Subsection (b) of section 46b-129 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(b) If it appears from the specific allegations of the petition and other verified affirmations of fact accompanying the petition and application, or subsequent thereto, that there is reasonable cause to believe that (1) the child or youth is suffering from serious physical illness or serious physical injury or is in immediate physical danger from the child's or youth's surroundings, and (2) as a result of said conditions, the child's or youth's safety is endangered and immediate removal from such surroundings is necessary to ensure the child's or youth's safety, the court shall either (A) issue an order to the parents or other person having responsibility for the care of the child or youth to appear at such time as the court may designate to determine whether the court should vest the child's or youth's temporary care and custody in a person related to the child or youth by blood or marriage or in some other person or suitable agency pending disposition of the petition, or (B) issue an order ex parte vesting the child's or youth's temporary care and custody in a person related to the child or youth by blood or marriage or in some other person or suitable agency. A preliminary hearing on any ex parte custody order or order to appear issued by the court shall be held not later than ten days after the issuance of such order. The service of such orders may be made by any officer authorized by law to serve process, or by any probation officer appointed in accordance with section 46b-123, investigator from the Department of Administrative Services, state or local police officer or indifferent person. Such orders shall include a conspicuous notice to the respondent written in clear and simple language containing at least the following information: (i) That the order contains allegations that conditions in the home have endangered the safety and welfare of the child or youth; (ii) that a hearing will be

held on the date on the form; (iii) that the hearing is the opportunity to present the parents' position concerning the alleged facts; (iv) that an attorney will be appointed for parents who cannot afford an attorney; (v) that such parents may apply for a court-appointed attorney by going in person to the court address on the form and are advised to go as soon as possible in order for the attorney to prepare for the hearing; (vi) that such parents, or a person having responsibility for the care and custody of the child or youth, may request the Commissioner of Children and Families to investigate placing the child or youth with a person related to the child or youth by blood or marriage who might serve as a licensed foster parent or temporary custodian for such child or youth. The commissioner, where practicable, shall investigate such relative or relatives prior to the preliminary hearing and provide a report to the court at such hearing as to such relative's suitability; and (vii) that if such parents have any questions concerning the case or appointment of counsel, any such parent is advised to go to the court or call the clerk's office at the court as soon as possible. Upon application for appointed counsel, the court shall promptly determine eligibility and, if the respondent is eligible, promptly appoint counsel. The expense for any temporary care and custody shall be paid by the town in which such child or youth is at the time residing, and such town shall be reimbursed for such expense by the town found liable for the child's or youth's support, except that where a state agency has filed a petition pursuant to the provisions of subsection (a) of this section, the agency shall pay such expense. The agency shall give primary consideration to placing the child or youth in the town where such child or youth resides. The agency shall file in writing with the clerk of the court the reasons for placing the child or youth in a particular placement outside the town where the child or youth resides. Upon issuance of an ex parte order, the court shall provide to the commissioner and the parent or guardian specific steps necessary for each to take to address the ex parte order for the parent or guardian to retain or regain custody of the child or youth. Upon the issuance of such order, or not later than sixty days after the issuance of such order, the court shall make a determination whether the Department of Children and Families made reasonable efforts to keep the child or youth with his or her parents or guardian prior to the issuance of such order and, if such efforts were not made, whether such reasonable efforts were not possible, taking into consideration the child's or youth's best interests, including the child's or youth's health and safety. Any person or agency in which the temporary care and custody of a child or youth is vested under this section shall have the following rights and duties regarding the child or youth: (I) The obligation of care and control; (II) the authority to make decisions regarding vaccinations, emergency medical, psychological, psychiatric or surgical treatment or to conduct a medical multidisciplinary evaluation; and (III) such other rights and duties that the court having jurisdiction may order.



STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES
AGENCY LEGISLATIVE PROPOSAL - 2018 SESSION



Document Name: DCF 18-4 Racial Justice

(If submitting electronically, please label with date, agency, and title of proposal, e.g. 18-1_DCF_TechRevisions)

State Agency: Department of Children and Families

Liaison: Josh Howroyd
Phone: (860) 550-6329
E-mail: josh.howroyd@ct.gov

Lead agency division requesting this proposal: Office of the Chief of Staff

Agency Analyst/Drafter of Proposal: Josh Howroyd

Title of Proposal: Addressing Ethnic, Racial and Other Disparities for Children in the Care and Custody of DCF

Statutory Reference: §§ 17a-3 & 17a-6

Proposal Summary:
 To amend statutes related to the powers and duties of the Department of Children and Families and the powers and duties of the Commissioner to incorporate strategies to eliminate the disparities in referrals, substantiations, placements, and retention among ethnic, racial and other child population groups that are known to have a higher rates of adverse child welfare health and services outcomes.

PROPOSAL BACKGROUND

◇ Reason for Proposal

Please consider the following, if applicable:

- (1) *Have there been changes in federal/state/local laws and regulations that make this legislation necessary?*
- (2) *Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?*
- (3) *Have certain constituencies called for this action?*
- (4) *What would happen if this was not enacted in law this session?*

To recognize and address disparities related to the delivery of services for ethnic, racial and other populations by DCF.

◇ Origin of Proposal

New Proposal

Resubmission

If this is a resubmission, please share:

- (1) *What was the reason this proposal did not pass, or if applicable, was not included in the Administration’s package?*
- (2) *Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?*
- (3) *Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?*
- (4) *What was the last action taken during the past legislative session?*

[Click here to enter text.](#)

PROPOSAL IMPACT

◇ **AGENCIES AFFECTED** *(please list for each affected agency)*

Agency Name: Click here to enter text.

Agency Contact (name, title, phone): Click here to enter text.

Date Contacted: Click here to enter text.

Approve of Proposal YES NO Talks Ongoing

Summary of Affected Agency's Comments

Click here to enter text.

Will there need to be further negotiation? YES NO

◇ **FISCAL IMPACT** *(please include the proposal section that causes the fiscal impact and the anticipated impact)*

Municipal *(please include any municipal mandate that can be found within legislation)*

No municipal fiscal impact

State

No state fiscal impact

Federal

No federal fiscal impact

Additional notes on fiscal impact

Click here to enter text.

◇ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

Click here to enter text.

Addressing Ethnic, Racial and Other Disparities for Children in the Care and Custody of DCF

Section 1. Section 17a-3 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) The department shall plan, create, develop, operate or arrange for, administer and evaluate a comprehensive and integrated state-wide program of services, including preventive services, for children and youths whose behavior does not conform to the law or to acceptable community standards, or who are mentally ill, including deaf and hearing impaired children and youths who are mentally ill, emotionally disturbed, substance abusers, delinquent, abused, neglected or uncared for, including all children and youths who are or may be committed to it by any court, and all children and youths voluntarily admitted to, or remaining voluntarily under the

supervision of, the commissioner for services of any kind. Services shall not be denied to any such child or youth solely because of other complicating or multiple disabilities. The department shall work in cooperation with other child-serving agencies and organizations to provide or arrange for preventive programs, including, but not limited to, teenage pregnancy and youth suicide prevention, for children and youths and their families. The program shall provide services and placements that are clinically indicated and appropriate to the needs of the child or youth, except that such services and placements shall not commence or continue for a delinquent child who has attained the age of twenty. In furtherance of this purpose, the department shall: (1) Maintain the Connecticut Juvenile Training School and other appropriate facilities exclusively for delinquents; (2) develop a comprehensive program for prevention of problems of children and youths and provide a flexible, innovative and effective program for the placement, care and treatment of children and youths committed by any court to the department, transferred to the department by other departments, or voluntarily admitted to the department; (3) provide appropriate services to families of children and youths as needed to achieve the purposes of sections 17a-1 to 17a-26, inclusive, 17a-28 to 17a-49, inclusive, and 17a-51; (4) establish incentive paid work programs for children and youths under the care of the department and the rates to be paid such children and youths for work done in such programs and may provide allowances to children and youths in the custody of the department; (5) be responsible to collect, interpret and publish statistics relating to children and youths within the department; (6) conduct studies of any program, service or facility developed, operated, contracted for or supported by the department in order to evaluate its effectiveness; (7) establish staff development and other training and educational programs designed to improve the quality of departmental services and programs, which shall include, but not be limited to, training in the prevention, identification and effects of family violence, provided no social worker trainee shall be assigned a case load prior to completing training, and may establish educational or training programs for children, youths, parents or other interested persons on any matter related to the promotion of the well-being of children, or the prevention of mental illness, emotional disturbance, delinquency and other disabilities in children and youths; (8) develop and implement aftercare and follow-up services appropriate to the needs of any child or youth under the care of the department; (9) establish a case audit unit to monitor each regional office's compliance with regulations and procedures; (10) develop and maintain a database listing available community service programs funded by the department; (11) provide outreach and assistance to persons caring for children whose parents are unable to do so by informing such persons of programs and benefits for which they may be eligible; and (12) collect data sufficient to identify the housing needs of children served by the department and share such data with the Department of Housing.

(b) (1) The department, with the assistance of the State Advisory Council on Children and Families, and in consultation with representatives of the children and families served by the department, providers of services to children and families, advocates, and others interested in the well-being of children and families in this state, shall develop and regularly update a single, comprehensive strategic plan for meeting the needs of children and families served by the department. In developing and updating the strategic plan, the department shall identify and define agency goals and indicators of progress, including benchmarks, in achieving such goals. The strategic plan shall include, but not be limited to: (A) The department's mission statement; (B) the expected results for the department and each of its mandated areas of responsibility; (C) a schedule of action steps and a time frame for achieving such results and fulfilling the

department's mission that includes strategies for working with other state agencies to leverage resources and coordinate service delivery; (D) the development of strategies to eliminate the disparities in referrals, substantiations, placements, and retention among ethnic, racial and other child population groups that are known to have a higher rates of adverse child welfare health and services outcomes; (E) priorities for services and estimates of the funding and other resources necessary to carry them out; ~~(F)~~ (F) standards for programs and services that are based on research-based best practices, when available; and ~~(F)~~ (G) relevant measures of performance.

(2) The department shall begin the strategic planning process on July 1, ~~2009~~ 2019. The department shall hold regional meetings on the plan to ensure public input and shall post the plan and the plan's updates and progress reports on the department's web site. The department shall submit the strategic plan to the State Advisory Council on Children and Families for review and comment prior to its final submission to the General Assembly and the Governor. On or before July 1, ~~2010~~ 2020, the department shall submit the strategic plan, in accordance with section 11-4a, to the General Assembly and the Governor.

(3) The commissioner shall track and report on progress in achieving the strategic plan's goals not later than October 1, ~~2010~~ 2020, and quarterly thereafter, to said State Advisory Council. The commissioner shall submit a status report on progress in achieving the results in the strategic plan, in accordance with section 11-4a, not later than July 1, ~~2011~~ 2021, and ~~annually thereafter~~ to the General Assembly, the joint standing committee of the General Assembly having cognizance of matters relating to children and the Governor.

Sec. 2. Section 17a-6 of the general statutes is repealed and the following is substituted in lieu thereof:

The commissioner, or the commissioner's designee, shall:

- (a) Establish or contract for the use of a variety of facilities and services for identification, evaluation, discipline, rehabilitation, aftercare, treatment and care of children and youths in need of the department's services;
- (b) Administer in a coordinated and integrated manner all institutions and facilities which are or may come under the jurisdiction of the department and shall appoint advisory groups for any such institution or facility;
- (c) Encourage the development of programs and the establishment of facilities for children and youths by public or private agencies and groups;
- (d) Enter into cooperative arrangements with public or private agencies outside the state;
- (e) Insure that all children under the commissioner's supervision have adequate food, clothing, shelter and adequate medical, dental, psychiatric, psychological, social, religious and other services;
- (f) Provide, in the commissioner's discretion, needed service to any municipality, agency, or person, whether or not such person is committed to the commissioner;
- (g) Adopt and enforce regulations and establish rules for the internal operation and administration of the department in accordance with chapter 54;
- (h) Undertake, contract for or otherwise stimulate research concerning children and youths;
- (i) Subject to the provisions of chapter 67, appoint such professional, technical and other personnel as may be necessary for the efficient operation of the department;

- (j) Coordinate the activities of the department with those of other state departments, municipalities and private agencies concerned with providing services for children and youths and their families;
- (k) Act as administrator of the Interstate Compact for Juveniles under section 46b-151h;
- (l) Provide or arrange for the provision of suitable education for every child under the commissioner's supervision, either in public schools, special educational programs, private schools, educational programs within the institutions or facilities under the commissioner's jurisdiction, or work and training programs otherwise provided by law. The suitability of educational programs provided by the commissioner shall be subject to review by the Department of Education;
- (m) Submit to the state advisory council for its comment proposals for new policies or programs and the proposed budget for the department;
- (n) Have any and all other powers and duties as are necessary to administer the department and implement the purposes of sections 17a-1 to 17a-26, inclusive, and 17a-28 to 17a-49, inclusive;
- (o) Conduct and render a final decision in administrative hearings; ~~and~~
- (p) Improve the welfare, health, education and services provided to children by working to eliminate the disparities in referrals, substantiations, placements, and retention among ethnic, racial and other child population groups that are known to have a higher rates of adverse child welfare health and services outcomes and shall appoint an advisory group to assist in this effort. Such population groups may be based on race, ethnicity, religion, age, sex, sexual orientation, color, national origin, socioeconomic status, immigrant status, language, physical disability, ancestry, mental disability, intellectual disability genetic information, prior criminal conviction, homelessness, gender identity or expression, or geographic area of residence; and
- (q) Provide programs for juvenile offenders that are gender specific in that they comprehensively address the unique needs of a targeted gender group.

REVISED



STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES
AGENCY LEGISLATIVE PROPOSAL - 2018 SESSION



Document Name: DCF 18-5A Wilderness School Epi-Pens

(If submitting electronically, please label with date, agency, and title of proposal, e.g. 18-1_DCF_TechRevisions)

State Agency: Department of Children and Families

Liaison: Josh Howroyd

Phone: (860) 550-6329

E-mail: josh.howroyd@ct.gov

Lead agency division requesting this proposal: Office of the Chief of Staff

Agency Analyst/Drafter of Proposal: Josh Howroyd

Title of Proposal: Use of Epinephrine Auto-Injectors at the DCF Wilderness School

Statutory Reference: New statute

Proposal Summary:

This proposal would permit qualified employees of the DCF Wilderness School to administer epinephrine for the purpose of emergency first aid to participants in Wilderness School programs who experience allergic reactions and do not have prior authorization.

PROPOSAL BACKGROUND

◇ **Reason for Proposal**

Please consider the following, if applicable:

- (1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?
- (2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?
- (3) Have certain constituencies called for this action?
- (4) What would happen if this was not enacted in law this session?

The Wilderness School is a prevention, intervention, and transition program for adolescents from Connecticut. The Wilderness School offers high impact wilderness programs intended to foster positive youth development. Participants in Wilderness School programs are often in remote areas without immediate access to emergency medical care. Staff are trained in wilderness medicine. This proposal will permit them to administer epinephrine auto-injectors for the purpose of emergency first aid to participants who experience allergic reactions and who do not have prior written authorization for the administration of epinephrine.

◇ **Origin of Proposal**

New Proposal

Resubmission

If this is a resubmission, please share:

- (1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
- (2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
- (3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
- (4) What was the last action taken during the past legislative session?

[Click here to enter text.](#)

PROPOSAL IMPACT

◇ **AGENCIES AFFECTED** *(please list for each affected agency)*

Agency Name: Office of Early Childhood

Agency Contact (name, title, phone): Maggie Adair, Director, Government & Community Relations, 860-713-6413

Date Contacted: November 17, 2017

Approve of Proposal YES NO **Talks Ongoing**

Summary of Affected Agency's Comments

[Click here to enter text.](#)

Will there need to be further negotiation? YES NO

Agency Name: Department of Public Health

Agency Contact (name, title, phone): Brie Wolf, Legislative Liaison, 860-509-7246

Date Contacted: November 17, 2017

Approve of Proposal YES NO **Talks Ongoing**

Summary of Affected Agency's Comments

Fine with proposal. Questioned the need to have DPH approve the training curricula, so language revised to include OEC approval only.

Will there need to be further negotiation? YES NO

◇ **FISCAL IMPACT** *(please include the proposal section that causes the fiscal impact and the anticipated impact)*

Municipal *(please include any municipal mandate that can be found within legislation)*

No municipal fiscal impact

State

Minimal cost associated with maintaining a small supply of epinephrine auto-injectors.

Federal

No federal fiscal impact

Additional notes on fiscal impact

[Click here to enter text.](#)

- ◇ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

To ensure the safety of Wilderness School program participants.

Use of Epinephrine Auto-Injectors at the DCF Wilderness School

Section 1. (NEW) *(Effective upon passage)* (a) For purposes of this section, (1) "cartridge injector" means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions, (2) "qualified Wilderness School employee" means a staff person of the Department of Children and Families Wilderness School who has received training regarding the administration of epinephrine pursuant to subsection (b) of this section, (3) "camp physician" means a physician licensed under chapter 370 and contracted by the Department of Children and Families to serve as the physician for the Wilderness School consistent with the Office of Early Childhood's regulations, and (4) epinephrine auto-injector training means a training course in the use of epinephrine auto-injector devices approved by the Office of Early Childhood.

(b) The director of the Wilderness School shall designate one or more individuals who have completed epinephrine auto-injector training to be responsible for the storage, maintenance, control and general oversight of epinephrine auto-injectors for the purpose of emergency first aid to children and youth participating in Wilderness School programs who experience allergic reactions and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine. The Wilderness School director shall identify individuals with wilderness medicine training to be trained in epinephrine auto injector use. The camp physician shall provide an annual training course in the use of epinephrine auto-injector devices approved by the Office of Early Childhood to the identified individuals. The course shall include how to identify common causes of allergic reactions; identify the signs and symptoms of a mild and severe allergic reaction (anaphylaxis); identify how signs and symptoms of anaphylaxis differ from other medical conditions; standards and procedures for the storage and administration of an epinephrine auto-injector; and emergency follow-up procedures. No person shall use an epinephrine auto-injector device on behalf of a child or youth unless he or she has successfully completed the annual Wilderness School epinephrine training required by this section. The parent or guardian of a child or youth participating in Wilderness School programs may submit, in writing, to the Wilderness School director, that epinephrine shall not be administered to such children and youth participating in Wilderness School programs under this section.