



## **Application**

**FFY 2015 - 2016**

**Children's Justice Act Grant to States  
Under the Child Abuse Prevention and Treatment Act**

**Submitted by**

**State of Connecticut  
Department of Children and Families  
505 Hudson Street  
Hartford, CT 06106**

**Joette Katz, Commissioner**

**Application**  
**FFY 2015 - 2014 Children's Justice Grant**  
**State of Connecticut**

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**APPLICATION FOR FFY 2015-2016 CHILDREN'S JUSTICE ACT GRANT**

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Department of Children and Families (DCF)  
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CFDA # 93.643

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**Section I: Historical Context: Connecticut's Task Force Development**

The Governor's Task Force on Justice for Abused Children (GTF, Task Force, or Governor's Task Force), first established in 1988, identified the need for greater coordination of agencies involved in the investigation, intervention and prosecution of child sexual abuse and serious physical abuse cases. The development of multidisciplinary teams (MDTs), that provide critical coordination at the beginning stages of an investigation, has provided a means of maximizing community resources that strengthen and improve interagency responses and interventions. The guiding principles and values that were established initially continue to guide the direction and focus of the Task Force.

**Section II: Maintenance of a Task Force (Sections 107(b) (2) and 107 (c) (1))**

Since the development of the Governor's Task Force on Justice for Abused Children in 1988, there have been many changes in membership. The State Task Force continues to include members who represent the specified disciplines as required in Section 107 (c) (1), including the addition of two

new members representing adult former victims of child abuse and/or neglect, and individuals experienced in working with homeless children and youths (as defined in Section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a)). Over the past year, the task force has worked on ensuring that all required members are seated on the task force. Recruitment in the area of law enforcement has been filled in 2015 and there are law enforcement representatives on several of the task force's committees and workgroups. The full Task Force is scheduled to meet quarterly in March, June, September and December with the executive committee meeting in the months when the full task force does not convene. Committees and workgroups convene as needed and carry on the program needs and continue to respond to statewide assessment recommendations.

The following individuals serve on the Governor's Task Force on Justice for Abused Children. Members have the option of designating a designee for their position on the task force:

### **Children's Protective Services**

Member: Retired Connecticut Supreme Court Justice Joette Katz was appointed the Commissioner of the Department of Children and Families and assumed duties in January 2011. She is a co-chairperson of the Task Force. Prior to this position, Commissioner Katz was appointed to the Connecticut Superior Court by Governor William O'Neill in 1989 where she served on the trial bench, handling criminal, civil and juvenile matters and served on various law-related committees both inside and outside of the judicial system. In 1992, she was elevated to the Connecticut Supreme Court by Governor Lowell P. Weicker, Jr. and thereafter reappointed by Governors John Rowland and M. Jodi Rell. In eighteen years on that court, she sat on over 2,400 cases, and authored over 430 majority opinions.

Commissioner Katz also plays a role in her legal community and the community in which she resides. Commissioner Katz was the Administrative Judge of the Appellate System for the State of Connecticut, a member of the Criminal Practice Commission, the CBA Attorney Trust Account Task Force, the Public Service and Trust Commission, the chair of the Client Security Fund, and a member of the American Law Institute (participating in its Model Penal Code Sentencing Project). She was a member of the Public Defender Commission, the Law Revision Commission, the Fairfield County branch of the American Inns of Court, as well as the chairperson of the Advisory Committee on Appellate Rules, and the chairperson of the Code of Evidence Oversight Committee. Commissioner Katz taught at all three of the state's law schools and is an associate fellow of Trumbull College at Yale University. She has received many awards and honors, including the Connecticut Women's Hall of Fame, Notable Woman of Influence and The Greater Bridgeport Bar Association Career Service Award, The Connecticut Women's Education and Legal Fund's Maria Miller Stewart Award, the National Organization for Women's Harriet

Tubman Award, the University of Connecticut School of Law's Distinguished Graduate Award, the National Council of Jewish Women's Women of Distinction Award, the Connecticut Bar Association's Henry J. Naruk Judiciary Award, Governing magazine's Public Officials of the Year, as well as an Honorary Degree of Doctor of Laws from Quinnipiac University School of Law.

Designee: Tammy M. Sneed is the Director of Gender Responsive Adolescent Services for the Department of Children and Families (DCF), Division of Adolescent and Juvenile Services. As a national expert with over 23-years of experience on Female-Responsive Programming for adolescent girls, she specializes in programming for youth in the legal system. She has developed and implemented a training model educating local and state police departments on how to work with adolescent girls with a focus on trauma; resulting in significant arrest reductions. As the lead of the Girls' Provider Network she has lead DCF in the development of a set of female-responsive program guidelines to guide providers in working with adolescent girls. Also a foster/ adoptive mother she has developed specialized training for mentors, foster and adoptive parents and served as a mentor for forever families parenting adolescent girls. Over the last few years Tammy has focused her efforts on a national crisis; Domestic Minor Sex Trafficking (DMST). Tammy co-leads HART (Human Anti-trafficking Response Team) with a focus on the service system for this vulnerable population. Tammy co-leads the Governor's Task Force on Justice for Abused Children; with oversight of the 17 Multidisciplinary Teams and Children's Advocacy Centers across Connecticut charged with investigating and responding to cases of severe physical and sexual abuse of children.

### **Division of Criminal Justice**

Member: Kevin T. Kane, B.A., J.D., Chief State's Attorney, Office of the Chief State's Attorney. Attorney Kane is a co-chairperson of the Task Force. His appointment as Chief State's Attorney was effective September 5, 2006. As Chief State's Attorney, Mr. Kane is the administrative head of the Division of Criminal Justice, the independent agency of the executive branch of state government that is responsible for the investigation and prosecution of all criminal matters in the State of Connecticut. The Division includes the offices of the State's Attorney for each of the thirteen Judicial Districts in the State of Connecticut and the Office of the Chief State's Attorney in Rocky Hill, Connecticut. Attorney Kane joined the Division of Criminal Justice in August, 1972 and rose through the ranks to become the State's Attorney for the Judicial District of New London, where he served prior to becoming Chief State's Attorney. He is an enthusiastic supporter of the GTF and its mission.

Designee: Stephen J. Sedensky III, B.S. J.D., is the State's Attorney for the Judicial District of Danbury, where he serves on the Danbury MDT Advisory Board. Attorney Sedensky has been a prosecutor for over thirty years, having devoted a large portion of that time to the investigation and prosecution of child abuse cases. Before his move to Danbury, Attorney Sedensky was the

Supervisory Assistant State's Attorney for the Statewide Prosecution Bureau of the Office of the Chief State's Attorney. Prior to that, Attorney Sedensky served as a Senior Assistant State's Attorney in the Judicial District of Fairfield, located in Bridgeport, where he was responsible for the prosecution of major felonies with an emphasis on adult and child sexual and physical abuse cases. While there, he helped to establish, and served on, the Bridgeport MDT. He continues to conduct training on sexual assault and the court system for The Center for Family Justice (formerly the Center for Women and Families) in Bridgeport. Attorney Sedensky is board certified in Criminal Trial Advocacy by the National Board of Trial Advocacy. He is a former Senior Attorney for the National District Attorney's Association's National Center for the Prosecution of Child Abuse. While there in 1997, on loan from Connecticut, he was in charge of **childPROOF**, the Center's then advanced trial advocacy course. He has been a manuscript reviewer for the journal *Child Abuse and Neglect*. Attorney Sedensky co-chairs the Executive Committee of the Governor's Task Force. Attorney Sedensky spearheaded the GTF's efforts to bring the *Finding Words* program to Connecticut. He currently chairs that committee of the Task Force. Attorney Sedensky also served on the Statewide Assessment Advisory Committee and is a member of the Membership committee, By-Laws Workgroup and Forensic Interview and Forensic Medical Workgroup. In March 2009, Attorney Sedensky was awarded the Outstanding Service Award in the prosecution category by the National Children's Advocacy Center in Huntsville, Alabama, having been nominated by the Connecticut Children's Alliance.

### **Office of the Chief Public Defender**

Member: Susan O. Storey Esq. is the Chief Public Defender for the State of Connecticut. Attorney Storey has a broad spectrum of experience as a Public Defender. She has handled cases ranging from death penalty defense to juvenile matters. She recently served as the chair of the Permanent Commission on the Status of Women. Her presence reinforces the need for the Task Force to maintain a balanced perspective and ensure fairness to the accused.

Designee: Christine Rapillo, J.D., is the Director of Juvenile Delinquency Defense and Child Protection Attorney. She administers the Juvenile Unit of the Office of Chief Public Defender, which provides attorneys for all children in child protection matters, indigent children in delinquency, status offense and certain child custody cases, indigent parents in child protection matters and counsel for parents in certain paternity and support enforcement actions. Attorney Rapillo supervised the Hartford Juvenile Court Public Defender's Office for 11 years and spent several years as a defender in adult court, trying cases at all levels. Attorney Rapillo has served on the GTF Executive Committee and the Committee on Child Representation.

### **Office of the Attorney General**

Member: Attorney General George Jepsen was elected in November 2010 and has served since January 2011. A former legislator, state Senate majority leader and Democratic state party chairman, Attorney Jepsen was a practicing lawyer for more than 26 years before becoming

Attorney General. Attorney Jepsen is an advocate and recognized leader on issues affecting working men and women; consumer protection; civil rights; domestic violence; protecting a woman's right to choose; living wills and end-of-life issues; gun safety, including Connecticut's ban on assault weapons and protecting Connecticut's natural and historic resources.

Attorney Jepsen grew up in Greenwich, attended public schools and graduated from Greenwich High School in 1972. He attended Dartmouth College where he graduated summa cum laude, Phi Beta Kappa in 1976 with a B.A. degree in Government with high distinction. During that time, he also studied Chinese and completed foreign study in France and Taiwan. In 1982, Attorney Jepsen earned his J.D. degree, cum laude, from Harvard Law School and simultaneously earned a Master's Degree in Public Policy from the John F. Kennedy School of Government, where he was a teaching fellow for Richard Neustadt for "The American Presidency" and for former Watergate prosecutor Archibald Cox in U.S.

Designee: Carolyn Signorelli is currently with the Child Protection Department of the Attorney General's Office where she has prosecuted child abuse and neglect cases for a total of 12 years. Currently Attorney Signorelli handles a varied case load of child protection trials, defense work in state and federal court and administrative and appellate matters. Attorney Signorelli was appointed in 2006 as Connecticut's first Chief Child Protection Attorney where she spent 5 years creating a new agency devoted to improving legal representation for children and parents in child protection proceedings. Attorney Signorelli served on the ABA's National Committee to Improve Parent Representation from 2009 to 2011; the Executive Committee of the Children's Trust Fund from 2004 until 2013, the Chief Justice's Public Service & Trust Commission as Co-Chair of the Demographics Committee; the Families With Service Needs Advisory Board convened by the Legislature in July of 2006; the Judicial Department's Court Improvement Project Strategic Planning Task Force and Training Grant Workgroup. Attorney Signorelli is a member of the National Association of Counsel for Children and the Juvenile Law Society and teaches for the National Institute of Trial Advocacy. Attorney Signorelli received her B.A. from Vassar College in 1986 with General and Departmental Honors and was a Mary Siegreest Hinz Fellow at William & Mary School of Law where she graduated in 1991.

### **Judicial Branch, Superior Court for Juvenile Matters**

**Civil/Criminal Court Judge** (Connecticut does not delineate between civil and criminal)

Member: The Honorable Bernadette Conway was appointed the Chief Administrative Judge for Juvenile Matters in September of 2013. Judge Conway has been a judge of the Superior Court since April of 1999. From 1999 to 2013, Judge Conway presided over criminal, juvenile and family cases, primarily in New Haven. Prior to her appointment to the bench, Judge Conway was an assistant state's attorney in the Middlesex Judicial District.

Designee: Cynthia L. Cunningham, Esq. - Chief Clerk for Juvenile Matters in the Court Operations Division of the Judicial Branch since 2000; previously served as Clerk of the Juvenile Court in New Haven from June 1996 through December 1999. Currently acts as the primary liaison between the Juvenile Court and the Department and Children and Families.

## **Child Advocates/Attorneys for Children**

### **Office of the Child Advocate**

Member: Sarah Healy Eagan, JD was appointed by Governor Dannel Malloy to serve as Connecticut's Child Advocate on August 1, 2013. As Child Advocate, Sarah sets priority reviews for the OCA, manages office operations, and publishes vital information regarding the well-being of children and recommendations for system reform. Prior to this appointment, Sarah served for several years as the Director of the Child Abuse Project at the Center for Children's Advocacy in Hartford, Connecticut. During her years at the Center, Sarah worked to ensure that abused, neglected or special-needs children receive the safety, emotional support, services and education that they need and deserve. Sarah has represented numerous clients in trials, mediations, administrative matters and appeals. Sarah worked to improve service systems for children and their families through participation in various taskforces and working groups, addressing issues such as public access to juvenile proceedings and improving educational outcomes for children in state custody. Sarah has developed training curricula and conducted multiple seminars on education and child welfare law. Sarah has actively participated in drafting and seeking passage of legal reforms to improve outcomes for at-risk children and their families. Prior to working at the Center for Children's Advocacy, Sarah worked as a litigation associate at Shipman & Goodwin in Hartford, Connecticut. Sarah earned a degree in American Studies from Trinity College in Hartford, and went on to graduate with honors from the University of Connecticut School of Law.

Designee: Faith Vos Winkel, MSW joined the Office of the Child Advocate in July 2001. Faith serves as the lead for the OCA on matters relating to child fatality review and prevention. She convenes the Connecticut Child Fatality Review Panel (CFRP) each month which reviews all unexpected and unexplained child deaths. Faith is the Child Advocate's principal investigator on any in-depth child fatality investigation requested by the CFRP, the Governor, the General Assembly or conducted at the Child Advocate's discretion. Child fatality reviews focus on the examination of systems and opportunities to improve policies and practices to prevent additional tragedies from occurring. Faith's focus on prevention includes participating in many statewide groups including the Statewide Suicide Advisory Board, the Domestic Fatality Review Board, the Child Poverty and Prevention Council, the Teen Safe Driving Coalition, the Garret Lee Smith Grantee Steering Committee, the School Climate Working Group and the Connecticut Interagency Restraint and Seclusion Initiative. Faith has also been involved in numerous child death review initiatives on a national level, including serving on the Advisory Committee to the National Center for the Prevention of Child Death Review.

Prior to working at OCA, Faith worked at the State Office of Protection and Advocacy for Persons with Disabilities for 15 years, advocating for the rights of persons with disabilities. Faith holds a Bachelor's degree from the University of Connecticut and a Master of Social Work from the University of Connecticut School of Social Work.

### **Connecticut Children's Alliance**

#### **Child Advocacy Centers/Multidisciplinary Teams**

Krystal Rich is the Director of the Connecticut Children's Alliance (CCA), a statewide membership organization founded to provide support to Child Advocacy Centers (CACs) and Multidisciplinary Teams (MDTs) across Connecticut through education, training and resources. CCA's mission is to avail comprehensive state-wide services to all child victims and their families through collaboration, systemic change, public awareness and legislative advocacy. Currently Ms. Rich chairs the NCAtrak Subcommittee of GTF. Prior to coming to CCA, Krystal worked for the Sexual Assault Crisis Service in New Britain, one of CONNSACS nine members centers, where she provided crisis counseling and advocacy to survivors of sexual assault.

Krystal holds a Bachelor's degree in Psychology from Central Connecticut State University and a Master of Social Work from the University of Connecticut School of Social Work.

### **Northeast Regional Children's Advocacy Center**

Member: Greg Flett, MSW, Project Outreach Coordinator for the Northeast Regional Children's Advocacy Center, is responsible for providing training, technical support and assistance to MDT/CACs and supporting the development of MDT/CACs in underdeveloped areas in the Northeast region of the United States (from PA to ME). NRCAC is a proud supporter of the CT Children's Alliance and partners regularly with CCA in their efforts to improve and expand the Child Advocacy Centers of Connecticut. Mr. Flett has worked in the field of child abuse neglect for more than 12 years, in a variety of roles (e.g. clinical social worker, trainer, therapist, CAC Director, MDT coordinator), and brings a wealth of experience and knowledge to his work.

### **Court-Appointed Special Advocates (CASA)**

Member: Joan Jenkins, Director, Children in Placement Program, is responsible for administering the statewide CASA program. When it was established in 1979, it was the first of its kind in the country. This program has grown tremendously under Ms. Jenkin's direction.

### **Advocate for Children with Disabilities**

Member: Jacilyn Fricks, LCSW. Ms. Fricks is a licensed clinical social worker at *The Oak Hill Center for Relationship & Sexuality Education*, providing therapeutic education and counseling for children and adults with developmental and other disabilities, many of whom have been sexually abused. She provides professional development for public and private providers and is the co-author of "Ten Tips for Healthy Relationships: a Workbook for Adults with Developmental

Disabilities”. Prior to her work at Oak Hill, Ms. Fricks was the Pediatric Social Worker and Case Manager at Hospital for Special Care where she participated in the planning, development and delivery of services for children with special health care needs at the hospital and statewide. Ms. Fricks received her Master of Science in Social Work at the University of Tennessee and has been a member of the National Association of Social Workers for over 25 years.

Ms. Fricks is currently a member of the Task Force Training Committee and formerly served on the Executive Committee of the GTF and as the chairperson of the Children with Disabilities Committee.

### **Office of Victim Services**

Member: Linda Cimino has served as the Director of the Office of Victim Services (OVS) since January 2000. During her tenure, all of the written publications have been redesigned for consistency in look and text. Ms. Cimino serves on several statewide committees and task forces. Ms. Cimino served as adjunct lecturer at the University of New Haven during the fall semesters of 2002-2005. Currently Ms. Cimino teaches an undergraduate class at Capital Community College. For both institutions she taught sections of Victimology. Prior to her tenure at OVS, Ms. Cimino was the Executive Director of the Connecticut Coalition Against Domestic Violence for five years and served as the Executive Director of Meriden-Wallingford Chrysalis from 1988 - 1995. Ms. Cimino's early career was spent at the New Haven YWCA in the capacities of Public Relations Coordinator and Associate Executive Director and as the Executive Director of the Suzuki Music School.

Designee: Koren Butler-Kurth has worked for the Office of Victim Services since 2002, and currently holds the position of Victim Services Supervisor. Ms. Butler-Kurth and her two co supervisors, supervise forty victim services advocates, who provide services to victims in Connecticut’s criminal and civil courts, the Board of Pardons and Paroles, and OVS’ central office. Prior to her work for the State of Connecticut, Koren worked as a victim services coordinator and bereavement counselor in Massachusetts, counseling victims and survivors and guiding them through criminal and civil court procedures.

### **Office of Protection & Advocacy for the Disabled**

Member: Craig Henrici is the Executive Director of the Connecticut Office of Protection and Advocacy for Persons with Disabilities (OPA), appointed July 2014. Prior to becoming Executive Director, he was a practicing attorney, Mayor of the Town of Hamden, general counsel to the State Comptroller, and a hearing officer at the Department of Developmental Services. Among other things, the agency has the responsibility for investigating allegations of physical and sexual abuse against people with disabilities. Mr. Henrici has extensive and personal experience in advocating for the disabled. Part of a nationwide network of protection and advocacy systems, OPA is an

independent state agency that operates under both federal and state mandates to protect the civil rights of people with disabilities.

Designee: Bradley Pellissier M.P.A. is Assistant Program Director of the Abuse Investigation Division within the Office of Protection and Advocacy Mr. Pellissier has worked in the Division for 24 years both as an investigator and supervisor and has been involved with hundreds of abuse/neglect investigations. Mr. Pellissier has served as a member of the Connecticut Governor's Task Force on Justice for Abused Children since December, 2011 and chairs the MDT Training Committee.

### **Office of the Victim Advocate**

Member: Natasha serves at the State Victim Advocate and acts as the ombudsman for victims of crime within the criminal justice system and evaluates the delivery of state services to victims. Responsibilities also include recommending system-wide improvements to the General Assembly, working with private and public agencies to enforce the constitutional rights of victims, and filing appearances in court to advocate for victims.

Before being appointed as the State Victim Advocate, Natasha was the Policy & Legislative Director for the Permanent Commission on the Status of Women, and an attorney at Connecticut Legal Services, Inc. and Western Massachusetts Legal Services, Inc., where she practiced family and housing law. She earned a B.A. from the University of Connecticut with a major in Women's Studies and a dual-degree in law and social work from the University of Connecticut's Schools of Law and Social Work. She was awarded the Connecticut Law Tribune's New Leaders of the Law Award, and has had articles written about her in the *Hartford Courant* and the *Connecticut Law Tribune*. She is a member of Delta Sigma Theta, Inc., a public service sorority.

Designee: Hakima Bey-Coon received a Bachelor of Arts degree in Political Science from Rutgers University, and a Juris Doctor degree from Seton Hall Law School. After earning her law degree, Attorney Bey-Coon served a judicial clerkship under the Honorable Kevin G. Callahan, J.S.C., in the New Jersey Superior Court-Criminal Division. Over the next several years Attorney Bey-Coon served as a staff attorney at Hudson County Legal Services in Jersey City, New Jersey where she represented indigent clients in housing matters and as a Deputy Attorney General in the New Jersey Attorney General's Office where she prosecuted professional licensing cases. After serving several years in the New Jersey Attorney General's Office, Attorney Bey-Coon began practicing law at Maya & Associates, P.C. in Westport, Connecticut. Thereafter, Attorney Bey-Coon joined the Office of the Victim Advocate in March 2006. Attorney Bey-Coon is a member of the Victim Services/Victim Advocacy Workgroup of the Task Force and serves on the Executive Committee.

### **Adult Survivor/Former Victim of Child Abuse and/or Neglect**

Member: Alison Johnson is a consultant to nonprofit coalitions in the areas of public policy, state budget analysis, and coalition building. Alison has been in private practice since 1997. She is experienced working with networks of leaders to help them move an agenda forward, including serving as the Chair of the National Council of Nonprofit Associations (NCNA). From 1990-1997 she was the Director of the Nonprofit Human Services Cabinet, a collaborative of twenty of Connecticut's leading associations, coalitions and statewide human service providers. She is a graduate of Wesleyan University. Alison is based in Middletown, Connecticut where she serves as a head Moderator for primary and general elections in the city.

Alison is a survivor of long term child sexual abuse. She has served on the Victim/Survivor Advisory Council (VSAC) for the Connecticut Sexual Assault Crisis Services (CONNSACS) since its inception in 1995. In 2013, she worked with CONNSACS as a consultant to design a curriculum for training of law enforcement officers on sexual assault. Alison was also the Project Manager for a federal US Department of Justice project on confidentiality for CONNSACS from 2001 – 2005. Alison has served on the Advisory Board of the Aetna Foundation Children's Center at Saint Francis Hospital and Medical Center. She has also participated in conferences for Safety Net: The National Safe and Strategic Technology Project at the National Network to End Domestic Violence, and presented on health literacy.

### **Parent Representative**

Member: Margaret M. Doherty, Executive Director of Connecticut Association of Foster and Adoptive Parents. Ms. Doherty earned a Bachelors degree in Social Work, a Masters degree in Non-Profit Business Administration and a Juris Doctorate. Ms. Doherty was appointed Executive Director of Connecticut Association of Foster & Adoptive Parents in December 2012. As a foster and adoptive parent as well as in her professional capacity, Ms. Doherty and her staff provide education, training, support and advocacy for foster, adoptive and relative caregivers throughout Connecticut. Ms. Doherty and her staff work collaboratively with the Department of Children and Families, child welfare professionals and the community regarding issues of importance for the families who serve Connecticut's most vulnerable children. Foster, adoptive and kinship parents require specialized training and support while they strive to nurture and care for the traumatized children entrusted to their care. As a member of the Governor's Task Force, she brings the needs of parents and children to other members of task force. Ms. Doherty currently serves on task force's Training Committee.

### **Connecticut Coalition Against Domestic Violence**

Member: Since April 2011, Karen Jarmoc has served as the Executive Director for Connecticut Coalition Against Domestic Violence (CCADV) where she is chiefly responsible for guiding this state-wide organization which serves as the leading voice for victims of domestic violence and those who assist them. During four years in the Connecticut General Assembly, Karen was tapped to lead various initiatives including the improvement of workplace safety for correctional

employees. In 2008, Karen led the Correctional Staff Health and Safety Task force as its chair resulting in the creation of a permanent Correctional Staff Health and Safety Subcommittee of the Executive Branch. In 2009, Karen was selected to co-chair Connecticut's Children in the Recession Task Force to assess the impact of the current recession on children. The committee led the General Assembly to pass legislation to create a comprehensive emergency response to assist children and families in tough economic recession periods. In 2009 and 2010, Karen was honored as a "Children's Champion" by the Connecticut Early Childhood Alliance for her work in the area of early care and education. Presently Karen serves as co-chair of Connecticut's Family Violence Model Policy Governing Council which evaluates policies and procedures used by law enforcement when responding to incidents of family violence, including violations of civil restraining orders and criminal protective orders. The Governing Council is responsible for annual reviews and updates of Connecticut's Statewide Model Policy on the Police Response to Crimes of Family Violence. Karen was also appointed to represent CCADV on the Connecticut Criminal Justice Policy Advisory Commission. She is also a member of the National Network Against Domestic Violence Policy Committee, the National Lethality Assessment Advisory Council and the National Resource Center on Domestic Violence Prevention Council. Karen holds a bachelor's degree in communications and political science from Simmons College and a master's degree in public policy from Trinity College.

Designee: Kelly Anelli is the Director of Member Organization Services at CCADV. For the past fifteen years, Kelly worked in the field of Early Childhood Education. Before coming to CCADV, Kelly was the director of a child development center where she was responsible for program oversight, NAEYC accreditation, state licensing, and operational policies related to standards outlined by the State of Connecticut Office of Early Childhood and NAEYC. Kelly most recently participated on the workgroup convened by the Office of the Child Advocate and CCADV related to children and family violence which issued its January report entitled, "Improving Outcomes for Children/Youth Exposed to Family Violence." Kelly has a background in psychology and education with a focus in Child Studies through Southern Connecticut State University.

**CT Sexual Assault Crisis Services, Inc. (CONNSACS)**

Member: Laura Cordes is the Executive Director of Connecticut Sexual Assault Crisis Services (CONNSACS), the statewide coalition of nine community-based sexual assault crisis services programs whose mission is to end sexual violence and provide high-quality, comprehensive, and culturally-competent services to victims. While previously serving as the CONNSACS Director of Public Policy and Advocacy, Ms. Cordes organized key stakeholders to forward legislation which led to the establishment of the State of Connecticut Gail Burns-Smith Sexual Assault Forensic Examiners Program as well as legislation that secured the right for sexual assault victims to receive emergency contraception on site in hospital emergency rooms. Ms. Cordes has made numerous presentations and conducted dozens of trainings for community partners including

healthcare providers, police cadets, and campus administrators to prevent sexual assault and improve support for victims. She is a statutory member of the State of Connecticut Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations and the Criminal Justice Policy Advisory Committee.

### **State of Connecticut Department of Education**

Member: Dr. Dianna R. Wentzell has been an educator in Connecticut for over 25 years. She was appointed Interim Commissioner of Education in January

2015. Dr. Wentzell began her career in education teaching social studies and directing programs for gifted students. Before her appointment as Interim Commissioner of Education, she served as the Connecticut State Department of Education's (CSDE) chief academic officer. Before joining the Department, Dr. Wentzell served as assistant superintendent of schools in Hartford. Prior to that role, she served in district leadership positions with a focus on curriculum, instruction, and assessment in both South Windsor and in the Capitol Region Education Council (CREC) magnet schools.

Dr. Wentzell has a bachelor's degree in Russian studies from Mount Holyoke College, a master's degree in educational leadership from the University of Massachusetts–Amherst, and a doctorate in educational leadership from the University of Hartford.

Designee: Christine B. Spak has served since 2007 as an Education Consultant within the State Department of Education where, for seven years, she was the State's Coordinator of the Surrogate Parent Program for children in care who need, or may need, special education. She currently serves as a mediator and complaint investigator in the Due Process Unit of the Bureau of Special Education. Attorney Spak received her undergraduate and law degrees from the University of Connecticut. After graduation, she joined a medical-legal consulting firm in the Washington, D.C. area, and also taught at the graduate level at the University of Connecticut. Attorney Spak then served as the Chief of the Public Health Hearing Office of the State of Connecticut, followed by a move to private practice. During her years in private practice she served as a Hearing Officer in a number of areas involving the welfare of children, including matters involving special education and public health.

### **Mental Health Professionals**

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

Member: Patricia Rehmer was nominated by Governor M. Jodi Rell to serve as Commissioner of DMHAS in October 2009 and was confirmed by the General Assembly in March, 2010. Prior to this, Ms. Rehmer held the position of Deputy Commissioner and was responsible for Young Adult Services, Statewide Services, and served as the liaison to the Department of Social Services (DSS) and the Department of Children and Families (DCF). In her role as Deputy Commissioner, she had

overall responsibility for the state facilities, including Cedarcrest and Connecticut Valley Hospital and the Local Mental Health Authorities in the five regions of the state. In her role on the Executive Management Team, Ms. Rehmer designed and implemented the Clinical Cabinet, comprised of clinical experts from DMHAS-funded and state-operated facilities in order to capitalize on expertise from the field in mental health and substance abuse.

In 1999, prior to joining DMHAS, Ms. Rehmer served as the Chief Executive Officer at Capitol Region Mental Health Center. In this role, she provided oversight for the Local Mental Health Authority in the Hartford region and provided leadership to 17 affiliate agencies to ensure that access and appropriate services were available in the region. Ms. Rehmer began her career in 1982 as a staff nurse at The Institute of Living in Hartford, Connecticut. She was employed at The Institute of Living, which merged with Hartford Hospital, for the next seventeen years in a variety of roles, including Head Nurse on several inpatient units, Director of Partial Hospital Services and Director of Adult Programs. Her final role at The Institute was Clinical Director. Ms. Rehmer earned a Bachelor's degree in Nursing from Skidmore College in 1981 and a Master of Science in Nursing from St. Joseph College in 1988.

Designee: Cheryl L. Jacques, M.S.N., A.P.R.N., Director of Statewide Services, Young Adults for the Department of Mental Health and Addiction Services, is responsible for the administrative and clinical oversight of mental health and substance abuse services for young adults ages 18-25 years. Ms. Jacques manages transitions from the Department of Children and Families to adult services and develops community programs that will meet the needs of a young adult population while promoting recovery. Prior to joining Young Adult Services, Ms. Jacques held the role of Director of Operations for the Southeastern Mental Health Authority. She serves on the Victim Services/Victim Advocacy Workgroup of the Task Force.

### **Private Practice Clinicians**

Member: Eliza L. Borecka is the clinical director of Specialized Treatment Services at The Sterling Center for Counseling, a private practice with offices in Cromwell and Shelton, Connecticut. As clinical director she provides evaluations and treatment for families and individuals addressing issues related to trauma, sexual abuse and sexual perpetration. She also provides supervision to a staff of professionals providing treatment to children and adults.

Eliza is a member of three Multidisciplinary Investigative Teams: Greater New Haven - Milford CAC, Middlesex County and The Child Advocacy Center at the Center for Family Justice in Bridgeport serving the families of Lower Fairfield County. Eliza is a clinical member of the Association for Treatment of Sexual Abusers (ATSA), and The Connecticut Association for Treatment of Sex Offenders. At CATSO she is serving as treasurer and a member of The Board of Directors. Eliza is a member of the Connecticut Governor's Task Force on Justice for Abused Children and a member of the collaborative Planning Team creating a Child Abuse and Assault Awareness and Prevention Program Framework at The Connecticut Sexual Assault Crisis Center

(CONNSAC). Eliza is a trainer for the Center for Family Justice (formerly Center for Women and Families of Eastern Fairfield County, Inc.) on the topic: “Sexual Abuse and Sexual Abusers”. She is utilizing her extensive training in the area of forensic interviewing to provide psychosexual evaluations and risk assessments in cases of sexual abuse, and she has been called upon as an expert witness in cases related to trauma and sexual perpetration. She also provides specialized treatment and evaluations for individuals, groups and families.

Eliza holds a Master’s Degree from The University of Warsaw, in Poland and an MSW from The University of Connecticut.

### **Health Professionals**

Member: Dr. John M. Leventhal is a Professor of Pediatrics at Yale University School of Medicine and Medical Director of the Child Abuse Programs and Child Abuse Prevention Programs at Yale-New Haven Children’s Hospital. Dr. Leventhal has over 30 years of experience providing care to abused, neglected and sexually abused children and has extensive experience collaborating with professionals in the community, such as DCF workers and police, and teaching professionals in the community. Dr. Leventhal co-chairs the Forensic Interview and Forensic Medical Workgroup and directs the quarterly peer review meetings of the medical clinicians who provide forensic medical exams in the state. He also serves on other important state committees related to child maltreatment.

### **Law Enforcement Representative**

Member: Lieutenant Seth Mancini has been with the Connecticut State Police since 2000. During that time he has been assigned to patrol at Troop C – Tolland, Troop W – Bradley International Airport, and Troop H – Hartford, and was also assigned to the Legal Affairs Unit in the Office of the Commissioner. In 2008, he was promoted to Sergeant, and worked as a supervisor in the Legal Affairs Unit, at Troop H – Hartford, and the Central District Major Crime Squad out of Troop I – Bethany. In 2015, he was promoted to Lieutenant, and is currently assigned as the Commanding Officer of the Special Licensing and Firearms Unit. He has served as the DESPP Commissioner’s designee on the Child Fatality Review Board since 2008, and served on the New Haven MDT while assigned to CDMC. He is also a licensed attorney, having received his J.D. from the University of Connecticut School of Law.

### **Individual Experienced in Work with Homeless Children and Youth:**

Member: Stephenie Guess has a bachelor's degree in Sociology from the University of Connecticut and a Masters in Public Health from Southern CT State University. She is also a certified health education specialist issued by the National Commission for Health Education Credentialing. Recently, she completed a Behavioral Health Leadership program through Yale University’s School of Medicine- Dept. of Psychiatry. Currently Stephenie is employed by the Department of Mental Health & Addiction Services at Southeastern Mental Health Authority. There, she functions as the Director of Housing and Homeless Services with a recent project focused on

outreach and engagement with young adults who are homeless and at risk of homelessness. With over 20 years experience in health & human services, Stephenie has worked in various professional and volunteer capacities engaging communities in issues related to child welfare, parent leadership and advocacy, homelessness, and the elimination of health, social, and economic disparities in racial/ethnic populations. She has received awards, recognitions, and committee appointments, including the following:

- Yale School of Medicine Behavioral Health Leadership Program 2011
- National Minority AIDS Council- Women of Color Leadership Institute May 2009
- SCSU Minority Scholar on Health Disparities 2006-2008
- Eta Sigma Gamma (Health Sciences Honorary) 2007
- New London NAACP Humanitarian Award 2006
- CT Health Foundation Health Leadership Fellow 2005-2006
- CT Commission on Children Parent Leadership Training Participant/Graduation Speaker 2001
- Donna Millette-Fridge Memorial Award 2001
- TVCCA Head Start Policy Council & Parent Group leader 2001
- Town of Groton Youth and Family Services advisory committee/Substance abuse task force 2005 – 2006

Stephenie has presented at local, statewide, and national conferences related to housing and homelessness, social justice, and public health activities. She is dedicated to improving health and well-being outcomes for youth, adults, and families.

#### **Co Chairs: MDT Evaluation Committee**

Maureen Ornousky is a 1986 graduate of Quinnipiac Law School (formerly the University of Bridgeport). She has been a member of the Connecticut and Federal Bar since 1986. Attorney Ornousky joined the State's Attorney's Office in 1988. She served as an Assistant State's Attorney in G.A. 1 in Stamford until assigned to the Part A office in 1995. She has represented the State's Attorney's Office on the Stamford Multi-Disciplinary Team since 1990. Attorney Ornousky handles serious, violent felony matters including many of the child sexual abuse cases in the Judicial District. She frequently consults and advises prosecutors, police departments and DCF on MDT matters. In addition, she has participated in presentations to community organizations regarding the MDT's services. She has been a member of the Governor's Task Force MDT Evaluation Committee since 2009 and is currently serving as co-chair.

Theresa A. Montelli, LCSW earned her master's degree in Social Work from Fordham University. She has been a Licensed Clinical Social Worker in the State of Connecticut since 1994. During her time at Yale-New Haven Hospital, Child Sexual Abuse Clinic, Theresa has conducted over 675 interviews of children in cases where there are allegations of sexual abuse, severe physical abuse, and witness to violent crimes. The clinic that Theresa works in serves children and families in Fairfield, New Haven and Middlesex Counties.

In addition to her work as a forensic interviewer, Theresa also sits on several statewide committees whose goals are to monitor best practices in child abuse investigations in Connecticut. Theresa co-chairs the Governor's Task Force MDT Evaluation Committee, serves on the GTF Executive Committee and participates in the Minimal Facts Workgroup. Theresa coordinates a quarterly peer review for forensic interviewers statewide and sits on the faculty for the Finding Words training.

#### **Connecticut's Human Antitrafficking Response Team (HART) Project Coordinator**

Yvette Young is a Licensed Professional Counselor. She obtained her Bachelor's Degree in Psychology from Trinity College and her Master's Degree in Counseling Psychology from Cambridge College. Yvette has sixteen years of experience working for non-profit organizations. She worked for the YWCA of the Hartford Region's Sexual Assault Crisis Service Program for five years, as a Training Coordinator and then as the Program Director. She worked for Catholic Family Services' Black Family Enrichment Program as an outpatient therapist for two years. She worked as the Senior Program Director for a Psychiatric Residential Treatment Facility for children and was recently the Senior Director of Permanency Services at the Village for Families and Children, Inc. She is currently working as the Project Director/HART Coordinator for DCF and the Village for Families and Children Inc. She provides leadership oversight for the HART and GTFJAC grants.

#### **Governor's Task Force on Justice for Abused Children Coordinator**

Kristen M. Clark became the coordinator of the Governor's Task Force on Justice for Abused Children in June 2008. She graduated from Watkinson Day School and Howard University, with a B.S. in Sociology, before going on to pursue a Master in Social Work at the University of Connecticut. Ms. Clark has been employed with the Village for Families and Children, Inc. for twenty years where she also coordinates the agency's emergency preparedness, public policy and advocacy efforts. At the Village she has been responsible for connecting with key community and corporate organizations, developing key legislative relationships, coordinating volunteers, promoting Village programs, and cultivating media and fund-raising prospects. Previously she worked as the interim Director of RAMBUH Family Center, Community Ambassador, supervisor, therapist and case manager in the Village's foster care program. Ms. Clark is also active in the Greater Hartford community through her current and past public service activities including serving on the Boards of Watkinson Day School and Community Health Services; being an adult achiever mentor in the YMCA Minority Achiever Program; a mentor in the Delta Academy; and actively participating as a member of the National Association of Black Social Workers, the Greater Hartford Alliance of Black Social Workers, and the NAACP. She serves as President of the Howard University Alumni Club of Greater Hartford and is a member of Delta Sigma Theta Sorority, Inc. where she is a past Assistant Secretary of the Eastern Region. In May 2010, Kristen was elected Region I Chair of the Howard University Alumni Association and covers all Howard University alumni in Africa, Europe, Connecticut, Maine, Massachusetts, New Hampshire, New

Jersey, New York, Rhode Island and Vermont. On a statewide level, Kristen is a commissioner for the African American Affairs Commission of the state of Connecticut's General Assembly.

Ms. Clark coordinates the administrative duties for the Task Force, Finding Words trainings and chairs the Membership Committee as well as the By-Laws and Website work groups. She participates on several of the committee's and workgroups for the Task Force. Ms. Clark also represents the Governor's Task Force on *Connecticut's Human Antitrafficking Response Team (HART) Project* and has participated in HART efforts since Spring of 2014.

### **Section III: Program Performance Reporting: FFY 2013-14**

#### **A. Governor's Task Force Committees**

The Governor's Task Force on Justice for Abused Children (GTF/Task Force/Governor's Task Force) meets on a quarterly basis for planning, decision making, and information sharing. Its membership is large, diverse, and active. Consequently, the GTF has established several committees and workgroups to focus on key issues as identified by the Task Force. It is in these committees that much of the work of the GTF is done.

This past year has been a busy one for the GTF, continuing many successful initiatives from the previous year and beginning some new ones. Outlined below are the 2014-2015 activities of the Governor's Task Force.

#### **The Executive Committee**

The Executive Committee, comprised of no fewer than seven members, four of whom are elected by the GTF membership, continues to meet monthly. The three permanent members of the Executive Committee include representatives from the Department of Children and Families, the Office of the Chief State's Attorney and the CT Children's Alliance (CCA Chairperson or designee). At least two members of the Executive Committee must be from non-state agencies. This committee continues to serve as the Task Force's 'engine,' guiding and supporting the implementation of planned activities, recommendations and responding to urgent situations. This committee currently operates with a co-chair structure with Stephen Sedensky, Office of the Chief State's Attorney and Tammy Sneed, Department of Children and Families, functioning in this capacity.

#### ***Finding Words Connecticut – A ChildFirst State***

As reported previously, Connecticut, through the Governor's Task Force, was certified as a *Finding Words* state in 2007. *Finding Words (ChildFirst)*, *Interviewing Children and Preparing for Court* is the nationally recognized 40-hour child interviewing program that has been adopted by 19 states and two countries as of May 2015. This program was originally instituted under the *Finding Words* name by the National District Attorney's Association's (NDAA) American Prosecutors Research Institute, in cooperation with CornerHouse of Minnesota. After the NDAA ceased to sponsor the course in 2008, the national course name was changed to *ChildFirst*.

From 2008 to 2012, the state courses were supported on the national level by the National Child Protection Training Center (NCPTC) in Winona, MN and CornerHouse in Minneapolis, MN. Connecticut has continually renewed its contract with the NCPTC and CornerHouse. As mentioned, the national program's name is *ChildFirst* and some of the certified states have chosen to adopt the *ChildFirst* name in lieu of *Finding Words*. Connecticut has chosen to retain the

*Finding Words* name. Originally part of the NDAA, the NCPTC has gone through a number of changes, most recently being acquired by the Gundersen Health System ([www.gundersenhealth.org](http://www.gundersenhealth.org)), a physician led, not-for profit healthcare system.

Starting in 2013 CornerHouse was no longer participating in the *ChildFirst* program, though they did allow their RATAAC protocol materials to continue to be used until December 2014. In 2013 – 2014 the *Finding Words/ChildFirst* states, together with the NCPTC developed a new forensically sound protocol for use by the states. Now known as the *ChildFirst* Protocol, Connecticut's faculty participated in the development of this new protocol and introduced it in the October 2014 course.

With its April 2015 course, Connecticut started its ninth program year. Each course trains 37 child abuse professionals free of charge. The course continues to be held at the Police Officers Standards and Training Council (POSTC) at the Connecticut Police Academy in Meriden, Connecticut. The training facilities are donated. Feedback from students who complete the course remains very positive.

The GTF Coordinator continues to administer the *Finding Words* program. During the reporting period, two course were held, one October 2014 and the other in April 2015. In total there have been over 600 child abuse professionals trained, including law enforcement, social workers, prosecutors, forensic interviewers and other MDT members. Every county in Connecticut has been trained. Starting with the April 2010 course and continuing, the non-state employee faculty has been given a \$100/day honorarium during the course week and mileage reimbursement. If their time is donated by an agency, the money goes to that agency.

Over the past year, one faculty member, Dr. Barbara Bunk resigned and another, Theresa Montelli was unable to participate in the spring 2015 course due to illness. Other faculty members were able to cover for these absences.

The Connecticut Forensic Interviewers, who serve the 17 MDT's in CT, have been participating in State-wide peer review since 2002. The group meets 4-6 times a year to review interviews, discuss the latest topics/research in the field and provide support to each other. In addition to Statewide Peer review, Connecticut forensic interviewers are expected to participate in more localized peer review. Depending on the area of the state, this occurs anywhere from weekly to monthly.

Last year a Forensic Interviewer Mentoring program was piloted with one new forensic interviewer being formally mentored. This program was the result of the faculty's belief that new interviewers, having just completed the *Finding Words* course, could not be considered ready to interview independently for the multidisciplinary teams around the state. Unfortunately many did. This pilot program expanded upon a recommendation list for new interviewers that was available after they

completed the *Finding Words* course. The recommendations sought to spell out what was needed to bring a new interviewer to the point when they could consider themselves independent interviewers. It became obvious to the committee that our recommendations could be easily followed at Children's Advocacy Centers that employ several interviewers and where seasoned interviewers were already employed. However at the other teams this was not the case. Many began interviewing without proper oversight resulting in inadequate information gathering, discouraged interviewers, and disappointed team members.

The Forensic Interviewer Mentoring program looked to support new forensic interviewers from around the state who are sent by their multidisciplinary teams to *Finding Words*. The pilot was a method to provide the mentoring and oversight needed by new interviewers. It was offered with the expectation that each interviewer and their team will understand and agree to the commitment involved. During this pilot program, the mentor was a *Finding Words* faculty member.

The structure that was set up for the program is outlined below.

#### PHASES OF MENTORING and TIME COMMITMENT:

- I. Attendance at *Finding Words/Child First* (FW/CF) one week course.
- II. Review of Interviewer's training tape from FW/CF with Mentor - 1 hour for Mentor, 1 hour for Interviewer.
- III. Interviewer and Mentor review 5 previously recorded interviews conducted by the Mentor or other experienced Interviewer. Each review to be followed by discussion and instruction. Preferred method includes 10 hours for mentor and 10 hours for interviewer.

OR

Interviewer observes 5 interviews as they are being conducted by the Mentor with discussion and instruction to follow; five additional hours for Mentor and 10 hours for new Interviewer.

- IV. Mentor observes the first 5 interviews of the new Interviewer (to be scheduled as soon as possible). Instruction and discussion to follow each interview- 10 hours for Mentor, 5 additional hours for Interviewer.
- V. Mentor observes or reviews one interview a month for 6 months - 12 hours for Mentor.  
As mentioned above, one new interviewer took part in the pilot program with a *Finding Words* faculty member. While the time spent by the new interviewer with the mentor was instructive and productive, the challenge was in coordinating the times that they could meet. Both had full time jobs and coordinating availability was often difficult.

As mentioned in previous applications, in 2010 a medical presentation was incorporated into the training. This addition continues and has been replicated in other states. Stephen Sedensky, chair of the *Finding Words* sub-committee and Kristen M. Clark, GTF coordinator continue to participate in quarterly national calls held with the NCPTC and the other certified states. Connecticut continues to belong to the *ChildFirst* Alliance, which is an affiliation of the 19 states adhering to the original intents and purposes of the *Finding Words* program as published by the NDAA in June 2003.

Members of the faculty traveled to Baltimore, MD in June 2014 for the *When Words Matters* conference. This is a yearly forensic interviewing conference put on by the NCPTC that includes a meeting of all of the *ChildFirst* state representatives. Connecticut faculty member Stephen Sedensky co-presented a session on ethics and the forensic interviewer at the June conference.

In the past Connecticut's program has supported continuing education for *Finding Words* faculty and has paid for the faculty to attend national training. In the past year funding for the *Finding Words* - Connecticut program has been cut by the GTF. Out of state faculty training as part of the *Finding Words* budget is no longer available, though the GTF Training Committee will fund two people to attend the June 2015 *When Words Matter* course.

Periodically, the Connecticut faculty makes changes to the *ChildFirst* course and if needed incorporates those changes into both the course itself and the participant binder. This can include research based updates. During a faculty retreat in summer 2014 it was decided to substitute a new exercise called Behind the Mirror for the child exercise.

Behind the Mirror was used in both the October 2014 and the April 2015 courses. In this exercise, the students are split up into 4 groups and sent to break out rooms. A faculty member treats the break out group as a MDT and using a mock child abuse case runs a case investigation discussion and then interviewer's one of the child actors using the *ChildFirst* Protocol. After the interview the information received from the child (actor) is discussed in terms of what further steps should be taken on the investigation, including corroboration for what the child (actor) has said. Student evaluations from both the October and April were positive and the segment will remain for the October 2015 course.

Increased fees to our actors were approved by the GTF in order to make our program payments competitive with surrounding states.

Currently the faculty is deciding whether or not to have the October 2015 course or to substitute a more advance two day training for former *Finding Words* graduates. The general agenda for the advanced course would include bringing former students together and update them on the new protocol as well as present some more advanced topics. Suggestions for other workshops include:

- Testifying in Court
- Mock Trial
- Case law up date – e.g. medical exception
- Computer crimes and Social Media
- Human Trafficking

Faculty members will continue to develop topic areas and the GTF coordinator will look to further develop the advanced course in summer 2015.

### **The Multidisciplinary Team Evaluation Committee**

In 2002, in accordance with Connecticut General Statute Sec. 17a-106a(c), a permanent Multidisciplinary Team (MDT) Evaluation Committee was established to review protocols and monitor and evaluate the performance of multidisciplinary teams. The MDT Evaluation Committee is a permanent GTF committee and is charged with reviewing the protocols of all multidisciplinary teams, monitoring and evaluating teams, and making recommendations for modifications to the system of multidisciplinary teams. This committee is elected by the Governor's Task Force membership. It is co-chaired by Maureen Ornousky, an Assistant State's Attorney from the Stamford/Norwalk Judicial District and Theresa A. Montelli, LCSW, a forensic interviewer for Yale-New Haven Hospital, Child Sexual Abuse Clinic. The committee's composition is diverse geographically, culturally and by discipline. Current membership includes representatives from child protection, forensic medical providers and interviewers, State's Attorney's Office (prosecutors), mental health, victim services, the Attorney General's office and MDT coordinators.

Since 2002, the Village for Children and Families has been contracted to conduct the evaluations in collaboration with the GTF's MDT Evaluation Committee. The MDT Evaluation Committee redesigned the evaluation process in 2013. The tools and methodology for the review includes a biennial standardized team functioning survey to all Team members, self-assessment surveys in 5 topical areas (case volume, case review and tracking, team functioning, forensic interviews and medical evaluations), quantitative case data analysis, qualitative case review, observation of team meetings (by committee members and the evaluators), and review of records and protocols maintained by each team. To date, fifteen of the seventeen MDT teams have been evaluated under the new process, with full completion scheduled for the end of June 2015.

Activities: The GTF continues to evaluate multidisciplinary teams. The team has worked on the following during 2014-2015:

1. Continued using the evaluation redesign for MDT reviews in three rounds, beginning 2013 and ending 2015. The schedule is as follows:

#	MDT	Round	Period Under Review	Site Review	Completed
1	Norwalk	<i>1st Round</i>	11/15/11-11/15/12	04/29/13	X
2	Torrington	<i>1st Round</i>	1/15/12-1/15/13	06/20/13	X
3	New Britain	<i>1st Round</i>	3/15/12-3/15/13	09/24/13	X
4	Manchester	<i>1st Round</i>	5/15/12-5/15/13	10/02/13	X
5	Danbury	<i>2nd Round</i>	6/15/12-6/15/13	2/19/14	X
6	Middlesex	<i>2nd Round</i>	8/15/12-8/15/13	1/23/14	X
7	Ansonia/Milford	<i>2nd Round</i>	10/15/12-10/15/13	4/10/14	X
8	New London	<i>2nd Round</i>	11/15/12-11/15/13	4/25/14	X
9	Tolland	<i>2nd Round</i>	12/15/12-12/15/13	5/21/14	X
10	Waterbury	<i>2nd Round</i>	1/15/13-1/15/14	6/11/14	X
11	Windham	<i>3rd Round</i>	2/15/13-2/15/14	7/14/14	X
12	Bridgeport	<i>3rd Round</i>	4/15/13-4/15/14	10/02/14	X
13	Stamford	<i>3rd Round</i>	6/15/13-6/15/14	11/6/14	X
14	Hartford	<i>3rd Round</i>	8/15/13-8/15/14	4/08/15	X
15	New Haven	<i>3rd Round</i>	10/15/13-10/15/14	3/19/15	X
16	Hartford West	<i>3rd Round</i>	12/15/13-12/15/14	5/21/15	
17	Enfield	<i>3rd Round</i>	1/15/14-1/15/15	6/25/15	

2. The *Standards for Connecticut Multidisciplinary Teams*, which includes Best Practices, were last updated in 2008. A subcommittee was formed in September 2014 to begin the process of revising. The full MDT Evaluation Committee is reviewing sections as they are completed with the anticipated date of completion for July 2015.
3. A report on Medical Component findings from the first two rounds of reviews was presented to GTGJAC in December 2014.
4. The second All Team Survey was administered in January 2015. The following are the results:

**Analysis of Connecticut Multidisciplinary Standardized Team Functioning Survey:**

As part of the evaluation redesign the All Team Survey, adapted from the PACE Survey\*, is administered every other year, starting in 2013. The survey gathers information from all members of Connecticut’s MDTs regarding how Teams function. It was available online for the second time from Monday January 26, 2015-Wednesday February 18, 2015. The link was first available through ETO and sent directly to team members. Due to the difficulties members had accessing ETO, the survey was made available on Survey Monkey with the link sent to all coordinators who were asked to forward to all Team members. There was a 22% increase in respondents from the 2013 survey.

The survey gives insight on Team preparation, participation, meeting management, leadership, communication, and results. Information will be used for Best Practices and improved Team functioning. A summary of All Teams results is below with individual Team data also available.

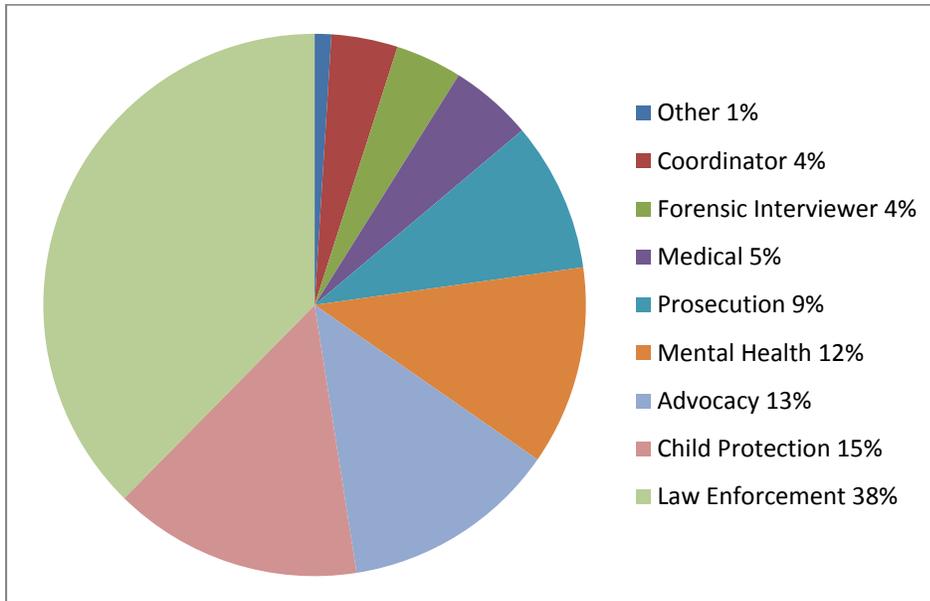
**All Team Results:**

**Respondents:** There were 317 respondents, representing all 17 Teams. The number of respondents per Team ranged from four to thirty.

**% of Surveys which indicated respondent on another Team: 20%**

<b><u>Number of Other Teams Respondents Are On</u></b>	
<b><u>Number</u></b>	<b><u>%</u></b>
<u>2</u>	<u>60%</u>
<u>3</u>	<u>35%</u>
<u>4</u>	<u>3%</u>
<u>5 or more</u>	<u>2%</u>

**Representation of Disciplines (from 317 Respondents):**



<b>Length of Time Respondents have been on Team</b>	
0-11 months	17%
1-2 years	24%
3-5 years	26%

6-10 years	20%
10+ years	13%

**Questions:**

**Rating Options: Strongly Disagree (1) to Strongly Agree (6)**

<b>Team Functioning Dimension</b>	<b>Question</b>	<b>% With 1 or 2 Rating</b>	<b>% With 5 or 6 Rating</b>	<b>Average Score Across Teams</b>
<u>Communication</u>	People are reluctant to speak their minds during meetings.	74%		2.1
	Team communication is consistent with confidentiality.		91%	5.5
	There is a lot of respect between Team members for each other and for different points of view.		82%	5.2
	During discussions people tend to be defensive and do not react well to different points of view.	85%		1.8
	Sometimes the meetings are very tense.	74%		2.1
	The meetings offer a safe place to discuss most ideas and concerns.		82%	5.2
<u>Leadership</u>	At times meetings are dominated by one or two individuals.	64%		2.4
	The facilitator creates a comfortable atmosphere, fosters communication, and reinforces members input.		87%	5.4
	Team members are held accountable for the things they agree to do.		70%	4.8
	Often the facilitator tends to dominate the discussion.	87%		1.7
	Meetings are often dominated by one discipline.	75%		2
	It is clear who is responsible for what actions at the end of the discussion.		81%	5.1
	One or two Team members seem to get blamed frequently when problems arise.	90%		1.5
	Discussion is often scattered, and at times we have a difficult time reaching consensus.	82%		1.8
<u>Meeting Management</u>	The Team meetings often seem to drag and we don't get everything that needed to be done, done.	80%		1.9
	Generally, the meetings are run quite efficiently and we accomplish a lot.		79%	5.1

	Some issues come up over and over again, even though they have been addressed before.	58%		2.5
<u>Participation</u>	All disciplines are well represented in our Team meetings.		82%	5.2
<u>Preparation</u>	Most of the time Team members are well prepared for case presentations and discussion.		83%	5.2
	Training, policies, practices and procedures are culturally sensitive.		81%	5.2
	Often, Team members lack knowledge about case details.	81%		2.1
<u>Results</u>	Generally we discuss each case with a specific goal in mind and reach a resolution.		67%	4.7
	Overall I am satisfied with the quality of services provided by this Team.		86%	5.3

### **Team Functioning Dimension:**

The Team Functioning Dimension score was calculated by first converting the low ratings on negatively worded questions to the equivalent higher value (e.g. turning a 1 into a 6) and then calculating the average.

<b><u>Dimension</u></b>	<b><u>Score</u></b>
Communication (6 questions)	5.1
Leadership (8 questions)	5.1
Meeting Management (3 questions)	4.9
Participation (1 question)	5.2
Preparation (3 questions)	5.1
Results (2 questions)	5.0

### **Use of Results:**

The All Team Survey is one of three instruments being used to evaluate how the Team functions. The other two are the Team Functioning Self Assessment, which Teams complete during their review process and the Team Observation Tool, which is completed by the review team as they observe a Team meeting.

The All Team Survey results are used in several ways. One is as a baseline for the redesigned MDT evaluation process. Another is as a point of comparison with an individual Team results. The survey results are integrated with other review results.

\*PACE Survey-Section II on Interdisciplinary Team Functioning, Citation: Temkin-Greener, H, D. Gross, SJ Kunitz, D Mukamel (2004). Measuring Interdisciplinary Team Performance in a Long-Term Care Setting. Medical Care, 42 (5):472-481.

### **Multidisciplinary Teams Medical Component**

During this reporting period, the MDT Evaluation Committee developed the following report that addressed medicals that were offered in the state of Connecticut. This information was also shared with the Forensic Interview/Forensic Medical Exam Workgroup who then developed a response and proposal.

## **I. Introduction**

It is considered a Best Practice that specialized medical evaluation and treatment services are a component of a coordinated investigative response to victims of sexual and physical abuse. The Connecticut MDTs operate under the assumption that these services should be available to all victims of sexual or physical abuse.

This report provides information from eleven of the seventeen Multidisciplinary Teams (MDT) in Connecticut regarding their medical component. The eleven teams had MDT evaluation reviews done from April 2013 through July 2014, conducted by members of the Governor's Task Force on Justice for Abused Children, MDT Evaluation Committee. The information was compiled from *Medical Evaluation Self-Assessments*, which teams complete as part of the review process, and discussion with team members. The Teams represented are:

First Round Teams:

- 1) Children's Connection Children's Advocacy Center, Norwalk MDT
- 2) Child Abuse Investigation Team of Northwest Connecticut, Torrington MDT
- 3) Central Connecticut MDT, New Britain MDT
- 4) East-Central MDT, Manchester MDT

Second Round Teams:

- 1) Family & children's Aid, Inc. Child Advocacy Center, Danbury MDT
- 2) Middlesex County MDT
- 3) South Central CAC, Ansonia/Milford MDT
- 4) New London MDT
- 5) Tolland County MDT
- 6) Waterbury MDT

Third Round Team:

- 1) Wendy's Place Child Advocacy Center, Windham MDT

The other teams' reviews will be completed by June 2015.

## **II. Findings**

**Goal 3: Teams provide timely, comprehensive and coordinated Case Services in a Continuous Quality Improvement (CQI) framework.**

a. Analysis Question: Do Teams have appropriate and sufficient capacity to deliver services?

### ***Medical Evaluations***

Four of the eleven teams reviewed use Connecticut Children's Medical Center (CCMC) for urgent sexual and physical abuse evaluations and Greater Hartford Child Advocacy Center (GHCAC) at St. Francis Hospital for routine sexual abuse evaluation. Two teams use Yale-New Haven Hospital Child Sexual Abuse Clinic (CSAC) for urgent and routine sexual abuse evaluations and Yale-New Haven DART Team for physical abuse evaluations. Five teams use local providers and hospitals for evaluations, referring to CCMC, GHCAC at St. Francis or Yale-New Haven Hospital CSAC as needed. The medical providers on all of the teams that were reviewed have specialized training in child abuse evaluation

### ***Criteria and referral process for Medical Exam conducted **urgently** for sexual abuse***

The criteria for when a medical evaluation should be conducted urgently for sexual abuse are the same for nine of the eleven teams; if the last episode of disclosed abuse was within 72 hours of the disclosure. For two teams the criteria is; if the last episode of disclosed abuse was within 120 hours of the disclosure.

The referral process for the exam varies across teams. One team refers to Yale-New Haven Pediatrics or CSAC. Two teams refer children over 13 years old to Saint Francis Medical Center, GHCAC and CCMC if the victim is less than 13 years old. Children over 13 years old are also referred to SANE nurses at area hospitals after normal business hours. Eight teams refer the family to their local hospital emergency room. For one team, once the family is at the ER, the on-call medical provider from the MDT is called in to complete the medical exam. For another team, once immediate needs are taken care of, the child is referred to CCMC for comprehensive medical evaluation. If there is availability, one team may also refer to GHCAC or CCMC and two teams use Yale-New Haven Hospital CSAC.

### ***Criteria and referral process for Medical Exam conducted **routinely** for sexual abuse***

The criteria for when a medical evaluation should be conducted routinely for sexual abuse is the same across eight of the teams; when a child has disclosed abuse that has occurred after 72 hours. For two teams it's when a child has disclosed abuse that has occurred after 120 hours. One team is specific in the type of cases that have a medical exam conducted routinely, or not, although the appropriateness of an exam is always assessed.

The majority of the teams refers and then schedule medical exams for routine sexual abuse cases after the forensic interview or, for one team, when a team member has made a request. Four teams use GHCAC for the exams and two teams use Yale-New Haven Hospital CSAC. Five teams use

local providers or refer to GHCAC, Yale-New Haven Hospital CSAC, or Day Kimball Hospital when local appointments aren't available.

For teams referring to GHCAC, once the referral is received, the intake coordinator calls the families directly to schedule the appointment. For another team, the coordinator facilitates the referral process by calling the medical provider for the appointment, pre-registering the child at the hospital, and meeting with the medical provider in person to discuss the case. After the exam, the medical provider updates the coordinator who, then in turn, updates the team members involved in the investigation.

#### *Criteria and referral process for Medical Exam conducted for **physical abuse***

Two teams refer all physical abuse cases for medical exams. Two teams only refer *severe* physical abuse cases. Three teams assess the welfare, age, and history of the child to determine if a medical exam is necessary for a physical abuse victim. For four teams it is case by case with no formal referral process for physical abuse cases.

#### *Challenges in providing Medical Evaluations*

For one team it is a challenge for families to commute an hour or more to Hartford for their child's medical evaluation. With the economy the way it is it can be difficult for families to afford the transportation costs and/or the time from work to attend these visits. The Team Coordinator continues to outreach for local medical providers. For four teams, capacity of their medical providers is an issue. Several providers do not have full support from their local hospital and have to do exams outside of their regularly scheduled working hours or only have a certain number of exams available per week. Teams are reluctant to offer a medical exam when they only have a limited number of exams available. At times they refer to CCMC, GHCAC, or Yale-New Haven CSAC.

b. Analysis Question: Do Teams participate in Peer Review?

#### *Medical Peer Review Sessions*

The medical providers across teams all participate in some type of peer review. For one team, the medical providers only participate in local peer review while for two teams they only participate in state peer reviews. The providers from the other eight teams participate in a combination of local, state, national, and Telemed peer reviews.

c. Analysis Question: Do Teams provide timely comprehensive and coordinated services?

#### **GTFJAC Medical Evaluation Definition**

A medical exam which offers medical diagnosis and treatment, if indicated, reassures the child and family about the child's condition, and identifies and documents medically significant

findings. The medical exam should be performed by a clinician with specialized training in sexual abuse and serious physical abuse, when possible.

*DCF Benchmarks:*

- *90% of cases **have been offered** Medical Evaluation*

The percent of cases that were offered medical evaluations across teams ranged from 41% to 92%. Out of the eleven teams: two exceeded the 90% target with 92%; five were between 82%-89%; and, four were 58% and below.

- *85% of cases **have** Medical Evaluation*

The percent of cases that had medical evaluations across teams ranged from 11% to 86%. Only one out of the eleven teams reached the target percentage of 85%.

**Goal 4: Teams exhibit positive dynamics along the dimensions of Preparation; Participation; Meeting Management; Leadership; Communication; Results**

a. Analysis Question: Do Team structures and processes support/reveal positive team dynamics?

Overall, the disciplines with the highest rates of attendance included; Coordinator, Child Protection, and Law Enforcement. The disciplines with the **lowest rates of attendance** included; Forensic Interviewer, **Medical** and Mental Health.

### **III. Conclusions and Recommendations**

The MDTs operate under the assumption that specialized medical evaluation and treatment services should be available to all victims of physical/sexual abuse. It is considered Best Practice that these services are a component of a coordinated investigative response and should be offered to all victims.

Availability of specialized medical evaluations and treatment services is not consistent throughout Connecticut. MDTs that are not directly connected to a specialized medical facility in their immediate area are challenged in several ways. Although MDTs have agreements with regional facilities, for some families the distance is too great to travel due to time and cost. Doctors who offer specialized medical evaluations at local hospitals don't always have the support of the administration or colleagues and may only have a limited number of exams available per week. This lack of support can cause a break in the flow of care due to only being able to see cases at certain times or days.

### **Training Committee**

The MDT Training Committee has been active this year. The committee is chaired by Brad Pellissier, GTF member and Office of Protection and Advocacy Designee. The primary focus of this committee is to identify needs and gaps in training, develop a plan to meet the training needs of the multiple disciplines involved in Connecticut teams and throughout the system, and award financial reimbursement for those wishing to attend training. Individuals attending specialized training out of state are expected to share the information gained with their local MDT members. This committee works with an established annual budget and uses a formal application and distribution process.

Activities: This past year, the committee continued to advertise the availability of training funds, review applications and approve the dispersal of training funds to individuals from various disciplines, included but not limited to law enforcement, child protection and MDT coordinators. The GTFJAC added additional funding resources to this committee to meet the statewide demand. Specifically, the following trainings were supported during the past year:

- 30th National Symposium on Child Abuse
- International Social Development and Capacity Building in a Global Context
- National Conference on Child Abuse and Neglect
- Multidisciplinary Team Investigations of Child Abuse
- Child Proof
- Investigation and Prosecution of Child Fatalities and Physical Abuse
- When Words Matter

### **Minimal Facts Workgroup/Stewardship Committee**

Best practice indicates that, to minimize trauma, a child who has disclosed child sexual abuse should be interviewed once by the person conducting a forensic interview. However there is also recognition that, to ensure a child's safety, some information may need to be obtained directly from the child. In these instances the goal is to gather minimal facts in a manner that will not jeopardize the integrity of the forensic interview and investigation, or cause further trauma to the child. In response to this, the Governor's Task Force has partnered with the Connecticut Children's Alliance, the DCF Training Academy, DCF Hotline, State's Attorney's Office, the CT State Police, the Police Officer Standards and Training Council (POSTC - the state police academy), CT Children's Alliance, local police departments, multidisciplinary teams, forensic interviewers and other stakeholders across Connecticut to develop comprehensive minimal facts trainings.

This workgroup prepared two training curricula: one for first responders (targeting law enforcement and DCF) and one for other mandated reporters (targeting educators, day care, etc). This second group has been recognized as the "Discoverers" group. There has been several Train the Trainers sessions for both groups and these will continue as needed. The Minimal Facts Stewardship Committee (whose responsibility is to maintain and disseminate the curricula, materials and to support and further train the trainers as needed) made the decision to rename itself

to the Minimal Facts Advisory Board. All partners have formally agreed to be members of the Advisory Board.

Since the initial training of DCF staff and members of law enforcement, trainers have reached out to their communities and multiple trainings have been done throughout the state. Within the past year, the board and MDT coordinators have formalized training plans for their individual teams in order to have more tangible numbers regarding training goals for both First Responders and Discovers. All MDTs have submitted Minimal Facts Engagement plans for the year and the board have requested quarterly updates beginning in July 2014.

Connecticut State Police Academy has continued to teach the First Responder curriculum to new recruits. The curriculum is also being taught by one of our law enforcement trainers at Spector, another law enforcement training site. The Connecticut State Police have vetted First Responders Minimal Facts PowerPoint presentation in its entirety and have created an on line version; purposes of ensuring that every sworn member of CSP should be trained by the end of 2014. Minimal Facts has been incorporated into the basic CSP recruit curriculum. The DCF training academy has also incorporated the First Responders training into the intake training as well as into the training for new social work trainees.

Based on feedback from trainers as well as those who have been trained, several members of the Advisory Board met and revised the curriculum into a 2 hour format. We are now able to offer both the 3 and 2 hour curriculum as needed. There is also discussion about offering a full day course. We are now partnering with other sexual abuse trainings that are offered in the state, such as Human Trafficking, to create an 8 hour course that would offer POST credits and CEUs.

The Discoverers curriculum continues to be offered. MDT coordinators are the conduit for these trainings and have reached out to their communities and facilitate trainings. Feedback has been positive and there has continued to be a large and eager interest in this training by community members. A representative of the State Department of Education is now an active member of the advisory board and we have begun to discuss how to reach a broader number of schools and the role the Department of Education could play.

Nationally, several states have expressed in interest in our Minimal Facts curriculum. Within the last year the board developed a strategic plan which included exploring the possibility of copyrighting the curriculum, development of pre and post tests as well as an RBA framework.

### **Membership Committee**

The Membership Committee was formed in 2003 to address membership issues, particularly regarding clarifying the role and function of Task Force members and maintaining and recruiting

members. This remains a standing committee. This year, the committee completed the work of identifying members for areas that have not had consistent attendance at the task force meetings.

### **Website**

The GTF has an active website that provides information regarding the Task Force including its membership, roles/responsibilities, current activities and resources. The State of CT Department of Information Technology provides assistance and will train GTF members in developing and maintaining the site at no cost. The GTF coordinator serves as the content manager and is continually updating to ensure the site is user friendly and current.

### **By-Laws**

The by-laws of the GTF were last amended in March 2010. There have been no further updates.

## **B. Other Governor's Task Force and Related Activities**

### **Governor's Task Force Coordinator**

The Village for Families and Children continues to serve as the contractor for the GTF Coordinator, Finding Words training, MDT evaluation, and education and training funds allocated by the Governor's Task Force. Supervision, over-all direction and evaluation of the GTF Coordinator is supervised by the Co-Chairs of the Governor's Task Force in collaboration with the Village for Families and Children.

During this reporting period, the GTF Coordinator provided coordination and staff assistance to all of GTF's committees, workgroups, and the Governor's Task Force as reported throughout this report. In addition, the GTF coordinator organized and managed the work related to *Finding Words* including the training that occurred during October 2014 and April 2015 (e.g. registrations, all course logistics and all fiduciary responsibilities) as well as the summer 2014 faculty retreat. In addition, the coordinator handled the logistics and fiduciary responsibilities for the *Finding Words* faculty to attend the "When Words Matter" conference in June 2014. The coordinator will also attend the When Words Matters training in June 2015.

DCF received a new grant on September 30, 2014, Grants to Address Trafficking within the Child Welfare Population, *Connecticut's Human Antitrafficking Response Team (HART) Project* providing the first trafficking related funds to support these efforts. The coordinator for the GTF is now a member of the Department of Children and Families (DCF) Human Anti-Trafficking Response Team (HART) and has participated and provided support in these efforts since Spring of 2014. The new HART Coordinator funded through the HHS ACF grant directly supervises the GTF Coordinator allowing for continuous collaboration to ensure the best outcomes for both grants.

## **Statewide Assessment of the Services and Systems Pertaining to the Sexual Abuse and Serious Physical Abuse of Children**

The Governor's Task Force, in partnership with the CT Children's Alliance, conducted a statewide needs assessment in 2008 of the services and systems pertaining to the sexual abuse and serious physical abuse of children. Specifically, the needs assessment evaluated Connecticut's capacity, resources and accessibility of a child-focused, coordinated, interagency response for every child victim of sexual and/or severe physical abuse in the state. In September 2009 the needs assessment report was issued and disseminated. In May 2010, the Task Force held a retreat to examine and address the recommendations of the statewide assessment and develop a strategic plan for implementation, and at the June 2010 GTF meeting, members set priorities from the retreat. As a result, the following three time-limited workgroups were established:

1. MDT/CAC Workgroup
2. Forensic Interview and Forensic Medical Workgroup
3. Victim Services/Victim Advocacy Workgroup

The needs assessment recommendations focused on ensuring that all child victims of sexual abuse and serious physical abuse and their families, throughout the state, have access to a basic level of quality investigative and supportive services that are targeted to their specific needs. In addition to prioritizing the recommendations, the GTF agreed that all the training efforts currently being provided by GTF were important and should continue, particularly Finding Words and Minimal Facts. It was further agreed that consideration for children with disabilities should be incorporated into the work of each workgroup.

### **Forensic Interview and Forensic Medical Workgroup**

#### 2014-2015 Progress: Forensic Interview and Forensic Medical Workgroup

The workgroup continued to look for solutions to the gaps found from the 2011/2013 survey and discussed the following during meetings:

1. The Committee requested and was approved for funds to create a State wide forensic medical examination brochure. The English version of the forensic medical exam brochure was completed and distributed (Summer 2014). Each multi-disciplinary team received 100-200 brochures and ability to access the template to have continued ability for printing. The Committee has completed the Spanish version of the forensic medical brochure. The brochure is being reviewed by members of various MDTs and medical providers that have fluency in the Spanish written language. The Spanish version forensic medical exam brochure will be ready for print and distribution Late December 2014/early January 2015. The funds to print the Spanish version brochure were provided by the CT Children's Alliance.
2. Collected data regarding equal access to forensic medical examinations across the State (September 2013 and October 2014). The State still struggles with areas that do not have consistency amongst their medical provider staff and areas that struggle with more than desirable

commutes for families to access the medical provider's facility. Dr Leventhal reported to the Governor's Task Force (December 2014) some of these findings and possible solutions. These proposed solutions will need to be further researched, continually funded and executed with long term goals.

3. Further exploration will be done regarding nation- wide programs where there has been successful implementation of SANE nurse programs, mobile medical providers and State-wide medical coalitions (ex: CHAMPS)
4. Experienced Forensic Interviewers in the State have created a Peer Mentoring Program thus enabling a more consistent and standardized training/internship to forensic interviewer trainees (new hires) and current interviewers who would benefit from one-to-one guidance. Currently, Stamford added one forensic interviewer via training in this program.
5. The Finding Words staff and senior Forensic Interviewers have established an alliance with Gunderson National Child Protection Training Center and have adopted the interview protocols established by *ChildFirst*. The Governor's Task Force Interview Staff will be conducting Peer Review trainings and MDT member trainings over the next 12 months regarding the established and accepted changes to the interview protocols.
6. Moving forward need to utilize NCATrak to create reports which will capture gaps especially in medical exams. Work to create a more uniform peer review process/forms for medical and forensic interviewing-this will continue to be addressed.
7. Explored issues with DCF Careline and consistency of accepted and not accepted cases; as well as, what constitutes the Careline to refer a case to Law Enforcement (136). A more detailed and ongoing discussion is recommended.
8. Moving forward continue to explore options for all children to receive adequate and accessible medical exams and forensic interviews.
9. Results of GTF MDT evaluation committee exposed the gaps in forensic medical care in the state. The current DCF benchmarks are: 90% of cases have been offered a medical exam and 85% of cases have received a medical exam. We feel there may be a need to have ongoing discussion into the feasibility of 85% medical exam attendance. It has become apparent that the majority of teams could increase their referral and attendance rates. Continued discussion regarding time frames for reaching bench marks, attainable yearly improvements and the ability to attain benchmark with the current lack of medical providers is recommended.
10. Explored the cost and feasibility of medical gap solutions that will enable all areas of the state to have trained, center of excellence supported and adequately funded medical providers. Further research is recommended.
11. The CT Child Abuse Medical Examiners prepared a response to GTF Medical Report prepared by the MDT evaluation committee. This was presented at the December 2014 GTFJAC meeting.
12. Lyndsay Craft (Forensic Interviewer- St Francis Hospital) - expressed interest in joining the workgroup.

The Forensic Interview and Forensic Medical Workgroup is co-chaired by John Leventhal (Yale New Haven Hospital/GTF) and Joanne Martin (Bridgeport Children services and MDT Coordinator) and Kathy Miller (New London MDT Coordinator) and includes the following members: Donald Melanson (West Hartford Police Department), Donna Meyer (Danbury MDT Coordinator), Stephen Sedensky (State's Attorney Danbury Judicial District/GTF), Susan Kristoff (Willimantic DCF Social Work Supervisor) and Theresa Montelli (Yale Forensic Interviewer), Monica Vidro (Yale New Haven Child Advocacy Center)

### **MDT/CAC Workgroup**

The workgroup had completed its initial charge and was re-convened in 2015:

1. The Logic Model for multidisciplinary teams, developed by the Workgroup in 20010/11, was approved at the June 2011 quarterly GTF meeting. (Initial Charge)
2. The workgroup completed many of its initial goals and will need to look at additional areas of work including the development of an RBA framework.
3. The MDT/CAC workgroup reconvened during this past year to address issues as they arose. The group is looking into the development of a new data collection system as well as training of MDTs. This workgroup will be chaired by the Executive Director of the CCA.

### **Victim Services/Victim Advocacy Workgroup**

The Victim Services Workgroup has been working to identify what measures could be taken to ensure that Connecticut children and families receive adequate services following an incident of sexual abuse. The group has also discussed what information could be shared with parents prior to abuse occurring and how that information could reach all parents throughout the state.

The Victim Services Workgroup reconvened in 2015 and reviewed the following four recommendations previously submitted to the Governor's Task Force:

- **Support Yale's Bridging Program, which is a model response to child sexual abuse.**
- **Create a training that brings together advocates, law enforcement, MDTs, and other who are involved in the response to child abuse.**
- **Identify a training curriculum that agencies can use to educate employees about MDTs, CACs, minimal facts, available resources, and best practice responses to child abuse disclosures.**
- **Consider the creation of a new workgroup to focus on access to services.**

The new workgroup has been sent information that was developed by the previous workgroup and spent their first meeting reviewing membership of the workgroup, reviewing past submitted reports, and started discussion of future goals. The workgroup is looking to address each of the recommendation areas as well as develop new areas of interest.

### **NCAtrak: A Data System for Multidisciplinary Teams**

Since 2010, all of Connecticut's CACs and MDTs have been using NCAtrak, a computerized, secure web-based care review and tracking system that was developed by the National Children's Alliance and Science Application International Corporation (SAIC). This is an intuitive, user-friendly system geared specifically toward the work that MDTs/CACs do on a daily basis. The ongoing challenge has been the system's ability to aggregate data at a statewide level, which limits our effectiveness as it relates to utilization, outcome monitoring, contract compliance and general ongoing QI.

DCF and GTF convened a work group in 2013 that included our MDT contracted agencies and various teams within the Department. This workgroup has been meetings to discuss our mutually evolving data needs and identify the mechanisms and system that will best support timely access to critical program data and oversight information. The National Children's Alliance (NCA), NCAtrak's creator and "keeper" of the database, has been made aware of our need for the system to evolve to assist us in tracking these additional data points in an efficient way at a statewide level. The plan was for NCA to assist in the creation of a tool that will collate data from each of the state's 17 Teams until such time that the system can automatically generate those statistics from a central point.

In 2014, GTF and CCA continued to try to work with the National Children's Alliance (NCA) to implement the changes to NCAtrak that were identified by the group in 2013. NCA Track has not been responsive to local, state and national needs to enhance the existing system; multiple promises, deadlines, etc. have not been met and NCA has articulated additional substantial time and resources would be needed to meet the state's request. Unfortunately, at this time the changes have not been implemented and with the growing need to collect aggregate data, the MDTs will move to a new data system under the Department of Children and Families; Provider Information Exchange (PIE). The new system will be created with the input of all MDT coordinators to ensure it encompasses the needs of each team as well as the need to collect statewide data. This system will also have the capability to collect satisfaction data; something not currently collected through NCAtrak. This group will work on providing additional feedback as the new database is created. The projected start date for all MDTs to be on this system is January 2016.

### **Connecticut Children's Alliance, Inc.**

#### **Child Advocacy Center and Multidisciplinary Team Coordinators**

For more than 15 years, the Connecticut Children's Alliance, Inc. (CCA) has provided a forum for education and support to the state's MDTs and CACs via monthly meetings and regular training opportunities. Originally formed as a grassroots alliance of the MDT coordinators, the CCA is now a federally recognized non-profit organization (established in May, 2009) as well as a National Children's Alliance (NCA) State Accredited Chapter as of June 2011. CCA's purpose is to support Child Advocacy Centers and Multidisciplinary Teams across Connecticut by providing education,

training, and resources. The CCA's mission is to avail comprehensive state-wide services to all child victims and their families through collaboration, systemic change, public awareness and legislative advocacy. It is CCA's vision that all child victims and their families have equal access to system-wide, high quality, culturally competent services of a Child Advocacy Center/Multidisciplinary Team to ensure that all children receive a comprehensive response to child abuse investigations.

All recognized state MDTs/CACs are represented in the CCA and play an integral role in the development of goals for statewide improvement of services to child victims of abuse. CCA, Inc. is a mandated standing member of the GTF Executive Committee, and CCA members participate in almost every committee, sub-committee or ad hoc task group of the GTF, often taking a leadership role. Over the next contract period CCA will focus efforts on the development of standards for MDT coordinators and the development of a Results Based Accountability (RBA) framework with reports comparing statewide outcome measures.

During the past year, highlights of CCA and its members included:

#### ***Child Abuse Prevention Month***

CCA held an educational and "thank you" event for state legislators in the form of an Ice Cream Social held at the Capital Building in April, 2014. Two local state representatives and one state senator co-sponsored the event, which included brief comments about the issue of child sexual abuse as well as recognition of the support MDTs received from the legislature. In 2015, CCA also hosted a *Looking Forward Kids Festival* in honor of Child Abuse Prevention Month. The Fair was a way for children and their families to have fun while receiving resources from various community partners.

#### ***National Children's Alliance's Leadership Conference***

CCA facilitated the attendance of 7 MDT/CAC coordinators and MDT members to the National Children's Alliance's annual Leadership Conference held in Washington, DC in June, 2014, one of the premiere conferences in the nation for MDT/CAC leaders. Participants included 5 MDT/CAC coordinators as well as the CCA Co-chair and other Board members. All participants made it a point to visit their representative and/or their senator to provide education about the multidisciplinary response to child abuse in Connecticut. Additional participation is expected in June 2015 at the Leadership Conference including the new CCA Director Krystal Rich along with 3 new MDT coordinators and several MDT/CAC members.

#### ***Trainings and other Awareness Events***

The 17 MDTs hosted or sponsored numerous trainings relating to response and intervention in child abuse cases. Hundreds of professionals across the state received training in various topics. Titles of presentations include: Forensic Interviewing, Profiling and Interviewing the

Sexual Abuse Perpetrator, Technology-Facilitated Crimes against Children, Enhancing Skills in Child Abuse Investigations, Minimal Facts for First Responders and Discoverers, Vicarious Trauma, Domestic Minor Sex Trafficking and more. Numerous CACs held local events during Child Abuse Prevention Month to raise awareness of both the problem of child abuse and the MDT/CAC response in our communities.

***New Coordinator Orientation/ Mentoring Program:*** In November of 2014, CCA instituted a New Coordinator Orientation/Mentoring Program for all new MDT coordinators. This program provides each new coordinator with a manual containing the necessary information including, but not limited to, meeting dates (CCA and GTF), descriptions of all subcommittees, information on NCA accreditation, state standards and helpful resources. Additionally, new coordinators will be paired with another coordinator who will serve as their mentor for the first year of employment.

### ***MDT-Specific Accomplishments***

**Bridgeport:** The Center for Women and Families, now known as The Center for Family Justice, transitioned to a family justice center in 2014. This transitioned allowed the center to be more encompassing of their clients' needs.

**Central, East Central, Hartford/MDT-14, North Central and Tolland MDTs:** In 2013 Five MDTs have joined forces to form a collaborative to create a regional, accredited Child Advocacy Center (GHCAC). Although the National Children's Alliance (NCA) thought it was best if the Greater Hartford Child Advocacy Center accredited with only the Hartford Team, the five teams continue to meet as a collaborative in order to serve as an advisory committee to the GHCAC. The collaborative is now in the process of developing a mission statement and strategic plan for the upcoming years. The group hopes to focus on provide additional trainings for the region as well as becoming involved in legislative advocacy. This collaborative also joined the CFTSI learning collaborative in order to provide additional mental health interventions for the children and families they serve.

**Danbury:** Danbury MDT Coordinator is providing statewide training on the MDT/CAC model, sexual abuse, and appropriate response to disclosures of sexual abuse by clinicians. Danbury was also one of several CACs in CT to join the CFTSI collaborative out of Yale. CFTSI is a short term intervention used for children who have experience or disclosed trauma within the last 60 days.

**Torrington:** The Center for Youth and Families moved into a new facility in August of 2014. The new facility, which housed the MDT and CAC, was built to be child friendly and includes several new resources for children and their families.

**Windham:** Windham has started the NCA reaccreditation process and will have their site visit in July of 2015.

### **Northeast Regional Children's Advocacy Center**

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) established the Regional Children's Advocacy Centers (RCACs) in 1995 to provide technical assistance and training resources for communities establishing or strengthening CACs. The Northeast Regional CAC provides such services to the nine northeast states inclusive of Connecticut. The four Regional CACs work collaboratively to further the development of CACs across the country. The primary goal of the collaborative partners is to make sure that every child has access to a Children's Advocacy Center.

The Northeast Regional Children's Advocacy Center (NRCAC) promotes the use of Child Advocacy Centers and a multi-disciplinary approach to child abuse investigation, intervention, response, and prevention. NRCAC supports Children's Advocacy Centers (CACs) and Multidisciplinary Teams (MDTs) through training, technical assistance, support, and outreach.

During the past year, NRCAC has been an active member of Governor's Task Force on Justice for Abused Children. It has provided technical assistance, training, consultation, and support to the GTF, the CT state chapter (CT Children's Alliance) of National Children's Alliance and the MDT teams of Connecticut.

Specific NRCAC activities have included:

Governor's Task Force on Justice for Abused Children - NRCAC serves as a member of the GTF and has supported the expansion and work of the GTF's Multidisciplinary Team Evaluation Committee. As a member of the GTF, NRCAC has been available to the GTF as a technical assistance resource to the Co-Chairs of GTF, Committee Chairs, and any other members of the GTF. Due to turnover within NRCAC, participation during later 2014 and early 2015 has been limited, however, NRCAC remain committed to the GTF and has assigned Greg Flett, Outreach Coordinator, to be at the Task Force's disposal for any training, consultation, or technical assistance needs.

State Chapter of the National Children's Alliance - CT Children's Alliance (CCA)–

NRCAC works closely with the CT Children's Alliance to provide its members with training, technical assistance and support in an effort to enhance services to children and families impacted by abuse throughout the state. Greg Flett, the NRCAC outreach coordinator assigned to CT, works in collaborative partnership with the CCA to assess and respond to training needs throughout the state. Such trainings include but are not limited to: Multidisciplinary Team Training, NCA

Accreditation Boot Camp, Team Facilitator Training, Victim Advocacy Training and multiple custom trainings designed to meet the needs of specific centers and teams.

Individual MDTs/CACs - NRCAC continued to provide technical assistance, support, consultation, and outreach to MDT team coordinators, MDT team members, CAC directors and/or their staff, and CAC steering committees. The following communities received services: the Greater Hartford Collaborative, Wendy's Place and other MDT's. The topics included CAC model, development and sustainability, strategic planning and the NCA membership and accreditation process. NRCAC provided on-site specific technical assistance, resource materials, consultation, and technical assistance manuals including support on NCA's accreditation standards, and NCA grant funding. NRCAC sponsored attendance to regional conferences, trainings and National Training Academies to individual MDT/CAC members (e.g. *NRCAC's Leadership Exchange & Coaching Project and Mentorship Program* in Philadelphia for CAC Directors/Coordinators on professional leadership development; *National Children's Advocacy Center Training Academy* in Huntsville, AL).

### **Human Trafficking:**

The Governor's Task Force for Abused Children has focused efforts on the critical issues of Commercial Sexual Exploitation of Children (CSEC) and Domestic Minor Sex Trafficking (DMST) beginning in 2013. Each team was charged with coordinating training for their team with a goal to have every team trained in one year; as of January 20, 2015 all teams have been trained. In addition to the rollout of the training the Co-Chair of the Executive Committee, Tammy Sneed has visited every team in 2014 in an effort to meet the various team members, understand the local challenges and discuss the Human Trafficking initiative ensuring commitment across the state. As of July 2014 each team has been reporting monthly on the number of associated cases and outcomes to the GTF; of the 94 unique CSEC/ DMST referrals in 2014 to DCF 21 referrals were reviewed by an MDT. There has been team restructuring to ensure the leads of this effort are grounded in DCF regions and the local MDT's; new structure supports intensive case management, local service development and law enforcement collaboration. The HART Leadership Team has been restructured to include all the DCF HART Liaisons, 3 MDT Coordinators and the Director of the Connecticut Children's Alliance with specialty membership based on current team efforts. The HART Team has been restructured and is now tri-chaired including one DCF HART Liaison and one MDT Coordinator. The coordinator for the GTF is now a member of the Department of Children and Families (DCF) Human Anti-Trafficking Response Team (HART) and DCF local HART liaisons are accessing the resources of their local MDT teams. DCF received a new grant on September 30, 2014, Grants to Address Trafficking within the Child Welfare Population, *Connecticut's Human Antitrafficking Response Team (HART) Project* providing the first trafficking related funds to support these efforts. The grant included a full-time HART Coordinator hired through the Village for Children and Families; entity

providing the GTF Coordinator. The two Coordinator positions allow for optimal coordination and collaboration ensuring all aspects of these efforts are seamless.

Through the new HART grant a pilot project for the forensic interviews will be rolled out during Year 2 (October 2015 to September 2016) of the grant. The HART subcommittee, *Forensic Interviews*, is currently designing the pilot project likely utilizing an extended interview process needed for this population.

The new HART grant has financially supported subcontracting with an independent evaluator, ICF Incorporated, LLC, evaluating our *HART Project* by completing a state-wide Needs Assessment and supporting the development of long-term project outcome measures. In addition, funds have been designated to enhance DCF's data collection system, Provider Information Exchange (PIE), with the ultimate goal at the end of the 5-year project to be fully automated; current indicators being collected manually.

The newly revised HART webpage went live in April 2015; <http://www.ct.gov/dcf/cwp/view.asp?a=4743&Q=562246> . The new site ensures state and national sharing of information and direct connections to the teams doing this work on a daily basis.

The state of Connecticut recently passed legislation that went into effect on October 1, 2014 requiring MDT's to review human trafficking cases - *Public Act 14 -186: An Act Concerning Department of Children and Families and Protection of Children* allows HT victims classified as "uncared for" so CTDCF's Multidisciplinary Teams (MDTs) can provide immediate services to victims and training to law enforcement on DMST. A new piece of legislation was submitted for the 2015 session: [HB 6849, An Act Strengthening Protections for Victims of Human Trafficking](#):

- Section 1 expands the services currently provided by the Department of Public Health, including counseling regarding HIV and acquired immune deficiency syndrome, HIV-related testing, and referral services, to victims of trafficking in persons and other commercial sexual exploitation of children acts;
- Section 2 expands the membership of the Trafficking in Persons Council to include public members who work with child victims of commercial sexual exploitation and child trafficking victims;
- Section 3 permits a minor who has incurred a criminal record as a result of being trafficked to expunge the records immediately or, at latest, upon turning 18 years of age;
- Section 4 eliminates the requirement that force or threat of force, fraud, or coercion be used in sex trafficking of a minor under age 18. This section also expands trafficking in persons to include those who have knowingly assisted, enabled, or financially benefited from domestic minor sex trafficking;

- Section 5 expands crimes for which wiretapping can be authorized to include trafficking in persons, promoting prostitution in the first degree, aggravated sexual assault of a minor, enticing a minor, and employing a minor in an obscene performance;

- Section 6 makes an exception for commercially sexually exploited minors under the age of 18 from the listed ineligibility factors for filing an application for compensation, award of compensation and amount of compensation.

This legislation addresses all of the gaps identified by the Shared Hope Protected Innocence Challenge: State Report Cards from 2014. This legislation is currently on the House calendar; public hearings occurred in April 2015.

Trainings on CSEC and DMST have increased in Connecticut including but not limited to: 1) Introduction to CSEC and DMST, 2) Day 1 Basics of CSEC and DMST, 3) Day 2 Responding and Interventions, 4) Demand, 5) Boys and DMST, 6) CT POST training for law enforcement and 7) new foster care model. Over the year more than 40 trainings have been conducted training hundreds across the state for multiple audiences including but is not limited to Child Welfare staff, Probation staff, court personnel, law enforcement at all levels, legal representation at all levels, service providers, schools, medical providers including school nurses, universities including schools of social work and medical students and multiple community organizations including the faith based community. Several Training of Trainers (TOT's) have occurred and/or are scheduled to increase capacity ensuring state-wide coverage: 1) Introductions to CSEC and DMST, 2) Not a #Number, 3) My Life My Choice and 4) POST Certified Law Enforcement Training.

Service provisions for this population have increased now including Rapid Responses and the Survivor Care Program. The Rapid Response is a 1 time intervention with a youth to engage, safety plan and provide basic resources much of which is included in the Backpacks they receive during the intervention. The Survivor Care is a long-term service that is best described as a combination of intensive case management and 1:1 mentoring by a person specifically training in CSEC/DMST. The process of "training up" our service provider network continues allowing CSEC/ DMST referrals based on staff competencies. The new foster care model is in the middle of rollout; 12 agencies across the entire state have been trained and the training for the foster parents is scheduled for the end of May 2015. Specialized mentoring resources exist in two regions in the state; training of all mentoring providers will occur in May 2015 and a specialized training and curriculum will begin the stages of development. Existing adolescent resources are being explored for this population such as Community Housing Assistance Program (CHAP) focused on transitioning you into post-secondary education and Community Housing Employment Enrichment Resource (CHEER) focused on supporting transitioning youth to gainful employment.

### **Child Fatality Review Process and Structure**

The Connecticut State Department of Children and Families (DCDF/Department) has been providing comprehensive case analysis and timely systemic consultation in the aftermath of a child fatality or critical incident of children with open DCF cases or cases closed within one year. The case review, teaching and training focus is designed to generate practical feedback and information for professional learning, organizational development and staff support. The humanistic approach acknowledges the personal and professional trauma associated with a critical incident, and offers a consistent methodology that emphasizes respectful and relevant fact-finding and identification of key dimensions in case practice determined to be excellent, acceptable or in need of improvement.

The Department's multidisciplinary team is led by the Director of Quality Assurance and Academy of Workforce Development; in order to ensure independence and an effective transfer-of-learning to practice. The Review process is activated by the DCF Commissioner and the senior leadership team, and focuses on open cases and/or those closed within the previous year, at the Commissioner's discretion.

Special Review Reports are anchored in the Department's family-centered and community-based *Mission, Guiding Principles and Practices*. Reports highlight related literature and research across discipline, and link the facts of the case with key findings and recommendations that consider the following core areas:

1. The current goals and status of the Department's Strategic Plan and organizational structure;
2. Case practice with regard to comprehensive family assessment, multidisciplinary treatment planning, and interventions that foster `client *safety, permanency and well-being*;
3. Nature and quality of supervision and training connected to the case;
4. Relevant policies and procedures; and,
5. Larger systems coordination, communication and inclusion.

Several Reports and case reviews have led to significant changes in policies and practices within and outside the child welfare system during the past decade. Although each circumstance is unique, a number of common themes have emerged and have subsequently influenced the ways in which similarly situated cases are conceived and managed. Key changes in policies and practices have included, and are not limited to:

1. Bed-sharing and co-sleeping education and awareness;
2. Education of Emergency Room personnel on identification of child abuse and neglect;
3. Suicide prevention, early intervention, treatment and postvention;
4. Impact of bullying and cyber-bullying on clients lives and relationships;
5. Interplay of domestic violence, mental health and substance abuse;
6. Transactions between Probate and Superior Court systems;

7. Community transitions to and from congregate care, inpatient and group care settings;
8. Transformation to the Differential Response System;
9. Juvenile justice and the dynamic intersection of community involvement, education, public safety and rehabilitation; and,
10. The profound impact of trauma on clients, communities and professionals.

During the next year, the Department will expand the Special Review process to include regional multidisciplinary participation and greater dissemination of information with the public. Lessons learned from comprehensive Special Reviews during the past decade have been placed side-by-side with the experiences of our colleagues across the country and throughout the world. These common experiences and repetitive factors can serve as a backdrop for expansion, one that provides a structured and strategic approach to reducing and minimizing untimely deaths of children, youth and young adults by:

1. Eradicating poverty;
2. Aligning families, communities, healthcare providers and schools through prevention and early intervention;
3. Ensuring that the "helping system" is well-coordinated and in constant communication; and,
4. Carefully considering protective service decision-making via multidisciplinary collaboration and integrated DRS procedures.

Description:

The State of Connecticut has established a Child Fatality Review Panel (CFRP), which is charged with reviewing unexplained or unexpected circumstances of the death of any child under the age of 18 who has received services from a state department or agency addressing child welfare, social or human services or juvenile justice.

Although the Panel is a separate entity, its day-to-day operations are coordinated through the Office of the Child Advocate. The Child Advocate serves as a Co-Chair of the Panel effective.

State Statutes:

Sec. 46a-13l. Child Advocate's duties. Child fatality review panel. Reports to the Governor and the General Assembly. Investigations.

Sec. 46a-13l (b) There is established a child fatality review panel composed of thirteen permanent members as follows: The Child Advocate, or a designee; the Commissioners of Children and Families, Public Health and Public Safety, or their designees; the Chief Medical Examiner, or a designee; the Chief State's Attorney, or a designee; a pediatrician, appointed by the Governor; a representative of law enforcement, appointed by the president pro tempore of the Senate; an

attorney, appointed by the majority leader of the Senate; a social work professional, appointed by the minority leader of the Senate; a representative of a community service group appointed by the speaker of the House of Representatives; a psychologist, appointed by the majority leader of the House of Representatives; and an injury prevention representative, appointed by the minority leader of the House of Representatives. A majority of the panel may select not more than three additional temporary members with particular expertise or interest to serve on the panel. Such temporary members shall have the same duties and powers as the permanent members of the panel. The chairperson shall be elected from among the panel's permanent members. The panel shall, to the greatest extent possible, reflect the ethnic, cultural and geographic diversity of the state.

Sec. 46a-131 (c) The panel shall review the circumstances of the death of a child placed in out-of-home care or whose death was due to unexpected or unexplained causes to facilitate development of prevention strategies to address identified trends and patterns of risk and to improve coordination of services for children and families in the state. Members of the panel shall not be compensated for their services, but may be reimbursed for necessary expenses incurred in the performance of their duties.

Sec. 46a-131 (d) On or before January 1, 2000, and annually thereafter, the panel shall issue an annual report which shall include its findings and recommendations to the Governor and the General Assembly on its review of child fatalities for the preceding year.

Sec. 46a-131 (e) Upon request of two-thirds of the members of the panel and within available appropriations, the Governor, the General Assembly or at the Child Advocate's discretion, the Child Advocate shall conduct an in-depth investigation and review and issue a report with recommendations on the death or critical incident of a child. The report shall be submitted to the Governor, the General Assembly and the commissioner of any state agency cited in the report and shall be made available to the general public.

Sec. 46a-131 (f) The Chief Medical Examiner shall provide timely notice to the Child Advocate and to the chairperson of the child fatality review panel of the death of any child that is to be investigated pursuant to section 19a-406.

Sec. 46a-131 (g) Any agency having responsibility for the custody or care of children shall provide timely notice to the Child Advocate and the chairperson of the child fatality review panel of the death of a child or a critical incident involving a child in its custody or care.

**Membership:**

<b>Office of the Child Advocate</b>	<i>Sarah Healy Eagan, JD</i>
<b>Office of the Chief State's Attorney:</b>	<i>Anne Mahoney, Esq.</i>

<b>Office of the Chief Medical Examiner:</b>	<i>Susan Williams, M.D.</i>
<b>Department of Emergency and Public Protection:</b>	<i>Sgt. Seth Mancini, Esq.</i>
<b>Department of Children and Families:</b>	<i>Barbara Claire, JD</i>
<b>Department of Public Health:</b>	<i>Margie Hudson, R.N.</i>
<b>Pediatrician:</b>	<i>Kirsten Bechtel, M.D.</i>
<b>Social Work Professional</b>	<i>Christopher Lyddy, LCSW</i>
<b>Community Service Representative:</b>	<i>Vacant</i>
<b>Neonatal-Perinatal Practitioner:</b>	<i>Ted Rosenkrantz, M.D.</i>
<b>Domestic Violence Representative:</b>	<i>Tonya Johnson</i>
<b>Injury Prevention:</b>	<i>Steven Rogers, MD</i>
<b>Psychologist:</b>	<i>Vacant</i>
<b>Child Abuse Physician:</b>	<i>Michael Soltis, M.D.</i>
<b>Child Abuse Attorney</b>	<i>Alexandra Dufrense, JD</i>
<b>Law Enforcement:</b>	<i>Lt. Jack Reed, Willimantic</i>

### **Connecticut's Child and Family Services Review/Program Improvement Plan**

Connecticut's second Child and Family Services Review (CFSR) was conducted in September, 2008 identifying several high performance areas. The State was in substantial conformity with Well-Being Outcome 2 (Meeting the educational needs of children in foster care and children in the in-home services cases). In addition, Connecticut's performance was rated as a Strength for Item 1 (Timeliness of investigations), Item 2 (Repeat maltreatment), Item 5 (Foster care reentry), Item 11 (Proximity of placement), and Item 22 (Physical health of child).

In response to the CFSR findings, including items where DCF's performance indicated a need for improvement, DCF developed a Program Improvement Plan (PIP) in close collaboration with staff from the ACF Region I Office and the National Resource Center for Organizational Improvement. Together they identified five major themes that became the core of Connecticut's PIP, including:

- Implementation of an Agency Practice Model
- Improve Supervision
- Improve Achievement of Permanency
- Improve Systems
- Improve Ongoing Staff Training (Voluntary Strategy)

The plan was finalized in 2009. Additionally, to monitor the Department's progress in the seven areas needing improvement, comprehensive case reviews were conducted during September 2010, March 2011, September 2011 and March 2012 in the following area offices: Region 1 (2008) - Bridgeport, Danbury, Norwalk, Stamford, and Region 3 (2008) - Norwich, Middletown and Willimantic. Two additional reviews are planned for September 2012 and March 2013.

In 2014, Connecticut was notified we have met all the goals of the PIP and were released from further federal oversight resulting from the 2008 CFSR.

Preparations are currently underway for the third CFSR of Connecticut's child welfare system, which is scheduled for 2017. The Department is working with the ACF regional staff to develop a review methodology which will build on the existing Administrative Case Review staffing and model.

### **Juan F. v Malloy Exit Plan**

The Department of Children and Families is implementing a plan to improve the quality of services and end the Federal Court's oversight of the agency under the Consent Decree entered into by the Department in 1991. This plan, also known as the Exit Plan was established in 2004 and includes 22 goals the Department must reach. The Exit Plan has focused the Department on practice issues vital to the safety, permanence, and well being of children and youth.

Overseeing this plan is the federal Court Monitor who conducts several wide-ranging and on-going monitoring activities. These efforts provide multiple opportunities to assess the Department's progress on a variety of initiatives, as well as gauge its ability to sustain recent improvements. In its most recent report, covering the third quarter of 2014 (July 1, 2014 – September 30, 2014), the review activities confirmed the Department's continued progress, including the following:

- the Department's efforts to meet the Exit Plan Outcome Measures during the period of July 1, 2014 through September 30, 2014 indicates the Department achieved 13 of the 22 Outcome Measures. The nine measures not met include: Outcome Measure 2 (Completion of Investigation), Outcome Measure 3 (Case Planning), Outcome Measure 8 (Adoption), Outcome Measure 10 (Sibling Placement), Outcome Measure 11 (Re-entry into DCF Custody), Outcome Measure 14 (Placement Within Licensed Capacity), Outcome Measure 15 (Children's Needs Met), Outcome Measure;
- the Court Monitor has certified 11 of the 22 Outcome measures as having been met through a random sample of cases;
- the Department has significantly reduced its reliance on congregate care and increased the number of children placed with relatives and foster families.

Challenges and barriers outlined in the report included:

- ongoing difficulty in meeting the standards for Case Planning (Outcome Measure 3) and Needs Met (Outcome Measure 15);
- staffing shortages in the 3<sup>rd</sup> quarter continued to have a negative impact on DCF social workers' caseloads (Outcome Measure 18);
- foster parent recruitment and retention continue to be a challenge, particularly for large sibling groups and teenagers.

## **Child Sexual Abuse & Assault Awareness and Prevention Program Framework**

As an organization with an interest and/or expertise in child sexual abuse and sexual assault, the GTF was approached by CONNSACS to participate in a new working group run by a collaborative Planning Team to create a *Child Sexual Abuse & Assault Awareness and Prevention Program Framework* that includes content standards and curriculum outcomes by grade, as well as resources and materials. In 2014, the Connecticut General Assembly enacted a law to create a statewide K-12 child sexual abuse & assault awareness and prevention program to be used by regional Boards of Education starting in October of 2015.

According to Public Act 14-196, the following are considered key elements of a child sexual abuse and assault awareness prevention education program:

- the skills to recognize abuse and assault, boundary violations and unwanted forms of touching and contact, ways offenders groom or desensitize victims; and
- strategies to promote disclosure, reduce self-blame, or mobilize bystanders

(*Section 1(a)(2)*).

Schools will also need to train teachers\* regarding the prevention, identification, and response to child sexual abuse and assault, and resources on awareness and prevention of child sexual abuse and assault must be provided to students, teachers, and parents (*Section 1(a)(1)*).

Finally, each school district will need to have a uniform child sexual abuse and assault response policy that addresses the following:

- actions that child victims of sexual abuse and assault may take to obtain assistance, intervention and counseling options for child victims of sexual abuse and assault; access to educational resources to enable child victims of sexual abuse and assault to succeed in school; and uniform procedures for reporting instances of child sexual abuse and assault to school staff members (*Section 1(a)(3)*).

The legislation charged the State Department of Education, the State Department of Children and Families, and Connecticut Sexual Assault Crisis Services (CONNSACS) with developing or identifying a program. A planning team comprised of representatives from those entities and others, including school superintendents, the Connecticut Association of Boards of Education, and sexual assault advocates have been meeting.

The Planning Team decided to establish a Working Group to create a *Child Sexual Abuse & Assault Awareness and Prevention Program Framework* that includes content standards and curriculum outcomes by grade, as well as resources and materials that can be used by regional Boards of Education. There were several members of the GTF who were asked to participate on the Working Group and assist in developing a *Child Sexual Abuse & Assault Awareness and Prevention Program Framework* and identify resources and materials. The Planning Team had already begun pulling evidence based materials that assisted in developing the *Program*

*Framework* and the working group has developed a Guiding Principles Framework. Other areas of progress include the development and distribution of a survey which was distributed to school systems, superintendents and principals of K-12 schools across the state of Connecticut in late March 2015. The Working Group will continue to meet monthly from January-June, ideally for three hours per meeting, and will produce a final product by July 2015.

### **Legislative Updates**

Although no formal legislative committee exists, legislation relative to children and families is watched closely by Task Force members. As appropriate, issues related to proposed and raised legislation are discussed at GTF subcommittee meetings and full GTF meetings.

*The following is a compilation of legislation of interest to the Department of Children and Families being considered during the 2015 Regular Session of the General Assembly. These summaries are based upon the bill analysis prepared by the General Assembly's Office of Legislative Research. The 2015 Regular Session of the General Assembly will end after the submission of this report.*

### **S.B. NO. 16 - AN ACT CONCERNING BENEFITS PAYABLE FOR ASSESSMENTS TO DETERMINE A DIAGNOSIS OF A MENTAL OR NERVOUS CONDITION AND RELATED CONSULTATIONS.**

This bill expands coverage under certain health insurance policies for the assessment and diagnosis of mental or nervous conditions by prohibiting insurers from limiting the number of visits to assess an insured for such a diagnosis.

The bill requires insurers to cover consultations during an assessment and after a diagnosis between an insured, or his or her family member, and a licensed physician, psychologist, clinical social worker, marital and family therapist, or professional counselor. The bill also covers consultations with certain certified marital and family therapists, independent social workers, and licensed or certified alcohol and drug counselors. (The bill does not define the terms “consultation” or “family member”.)

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

The bill applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, or (4) hospital or medical services, including those

provided under an HMO plan. Due to the federal Employee Retirement Income Security Act, state insurance mandates do not apply to self-insured benefit plans.

EFFECTIVE DATE: January 1, 2016

**PASSED HOUSE & SENATE**

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

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

EFFECTIVE DATE: Upon passage

**S.B. NO. 307 - AN ACT IMPLEMENTING A QUALITY ASSURANCE PROGRAM FOR THE DEPARTMENT OF CHILDREN AND FAMILIES' PROGRAMS AND FACILITIES.**

This bill requires the Department of Children and Families (DCF), by January 1, 2016, to adopt and implement the Performance-Based Standards program developed by the U.S. Justice Department. DCF must do this to improve its ability to:

1. compile information on incidents, including violent ones, involving children living in DCF facilities;
2. analyze data on these incidents; and
3. respond to trends the analysis identifies.

On implementing the program, DCF must report at least quarterly to the Connecticut Juvenile Training School advisory group and child advocate on the information it compiles.

By January 1, 2017, the DCF commissioner must begin annual reporting to the Committee on Children on the program's status and the information it compiles.

EFFECTIVE DATE: Upon passage

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

This bill establishes an Infant and Toddler Services Board. Such board shall formulate a strategic plan to ensure the health and well-being of children ages birth to three years in the state.

The board shall consist of the following members: (1) Two appointed by the speaker of the House of Representatives; (2) Two appointed by the president pro tempore of the Senate; (3) One appointed by the majority leader of the House of Representatives; (4) One appointed by the majority leader of the Senate; (5) One appointed by the minority leader of the House of Representatives; (6) One appointed by the minority leader of the Senate; (7) The Commissioner of Early Childhood, or the commissioner's designee; (8) The Commissioner of Children and Families, or the commissioner's designee; (9) The Commissioner of Education, or the commissioner's designee; (10) The Commissioner of Public Health, or the commissioner's designee; (11) The Commissioner of Mental Health and Addiction Services, or the commissioner's designee; (12) The Child Advocate, or the Child Advocate's designee; (13) The executive director of the Commission on Children, or the executive director's designee; (14) The Chief Medical Examiner, or the Chief Medical Examiner's designee; and (15) The Chief State's Attorney, or the Chief State's Attorney's designee.

The board shall submit a report to the joint standing committees of the General Assembly having cognizance of matters relating to children and education. Such report shall (1) address the effectiveness of current policies and procedures used to protect children ages birth to three years in the state from unexpected death or critical injury, and (2) provide recommendations for any administrative or legislative action necessary to better protect such children.

EFFECTIVE DATE: October 1, 2015

**S.B. NO. 408 - AN ACT CONCERNING YOUTH HOMELESSNESS.**

This bill transfers, from the Department of Children and Families (DCF) to the Department of Housing (DOH), responsibility for administering the state's homeless youth program. However,

it requires DOH to establish the program in collaboration with DCF. DOH must run the program within available appropriations, just as DCF must do under existing law.

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

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

EFFECTIVE DATE: July 1, 2017

**S.B. NO. 622 - AN ACT CONCERNING ACCESS TO RECORDS OF THE DEPARTMENT OF CHILDREN AND FAMILIES.**

This bill expands the circumstances in which the Department of Children and Families (DCF) must disclose records without the subject's consent.

Under the bill, DCF must disclose records to any person (i.e., an individual named in the record, his or her authorized representative if he or she is deceased, or the subject's parent or guardian if he or she is still a minor) if the records pertain to a child receiving services from the department and the parent, guardian, foster parent, or prospective parent who the child lives with is convicted of a crime involving child abuse or neglect or any of the following:

1. injury or risk of injury to a child,
2. impairing a child's morals,
3. selling a child,
4. intentionally and unreasonably interfering or preventing someone from reporting child abuse or neglect, or
5. second or fourth degree sexual assault.

The department must only make the disclosure if the purpose is to determine if the department's services to the child provide him or her adequate protection based on the known circumstances.

Generally, DCF records are confidential but can be disclosed (1) with the consent of the subject or (2) without such consent and for certain purposes to a guardian ad litem or attorney representing a child or youth in litigation affecting the child's or youth's best interests, certain

foster or prospective adoptive parents, and various agencies officials, and other persons for certain purposes.

EFFECTIVE DATE: October 1, 2015

**S.B. NO. 650 - AN ACT CONCERNING TEMPORARY RESTRAINING ORDERS.**

This bill makes changes in various laws that relate to orders of protection (see BACKGROUND), service of process, and firearms and ammunition possession.

With regard to the service of civil restraining orders, the bill:

1. revises the application form for a civil restraining order to allow an applicant to indicate whether the accused holds a firearm eligibility certificate or an ammunition certificate;
2. requires (a) police officers, instead of state marshals or other proper officers, to serve process in certain circumstances and (b) the accused, where possible, to surrender any firearms or ammunition in his or her possession or control to the police at the time of service;
3. requires an expedited hearing for peace officers subject to an ex parte order (an order issued without a hearing);
4. reduces, from five to three, the number of days before a hearing date that process must be served; and
5. continues an ex parte order beyond the initial hearing date under certain circumstances.

The bill also (1) allows state marshals to access the Judicial Branch's Internet-based service tracking system, (2) requires them to enter specific information into the system, and (3) increases the mileage expenses they may recover for serving process.

The bill requires the Judicial Branch to (1) revise and simplify the restraining order application process, (2) allocate space in the court for meetings between state marshals and restraining order applicants, and (3) annually collect restraining and protection order data.

It expands the state marshal commission's regulatory authority and requires the commission to study the Judicial Branch's "marshal of the day" practice

The bill extends certain firearms and ammunition prohibitions to a person subject to an ex parte order in cases involving physical force. It requires the Department of Emergency Services and Public Protection (DESPP) commissioner, upon the (1) request of a person who was subject to such an order and (2) verification of the order's expiration, to reinstate any gun permit, firearms eligibility certificate, or ammunition certificate revoked as a result of such an order, if the person is otherwise eligible for the credential.

It makes a person ineligible to possess firearms or ammunition when he or she receives legal notice of the ex parte order and makes it a class C felony for such a person to violate the firearms or ammunition transfer, delivery, or surrender requirements.

The bill also shortens, from two business days to 24 hours, the time period within which a person who is subject to any type of order of protection in a case involving physical force must transfer, deliver, or surrender his or her firearms and ammunition. It (1) adds the municipal police department, instead of just the State Police, as an option to receive the delivery or surrender of firearms and ammunition by those who are required to do so and (2) requires the DESPP commissioner to update the existing protocol to allow for such a surrender.

It also makes technical and conforming changes.

EFFECTIVE DATE: October 1, 2015, except the section on the state marshal commission's study is effective on passage.

#### **SENATE PASSED**

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

This bill makes a number of changes related to sentencing and parole release of offenders who were under 18 at the time they committed the crimes. Among other things, it:

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

The bill requires the Sentencing Commission to study how to notify victims of the parole eligibility laws and release mechanisms available to people sentenced to more than two years in

prison. The commission must report on its study and any recommendations to the Judiciary Committee by February 1, 2016.

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

EFFECTIVE DATE: October 1, 2015, and the provisions regarding capital felony, murder with special circumstances, and arson murder apply regardless of when an offender is or was convicted.

**S.B. NO. 839 - AN ACT CONCERNING THE OFFICE OF THE OMBUDSMAN WITHIN THE DEPARTMENT OF CHILDREN AND FAMILIES AND COMPLAINTS AND GRIEVANCES FILED BY CHILDREN UNDER THE CARE AND CUSTODY OF THE DEPARTMENT.**

This bill requires the Department of Children and Families' (DCF) ombudsman's office to give the Office of the Child Advocate copies of all documents and records pertaining to certain complaints, grievances, investigations, and determinations. The ombudsman must do so no later than five days after:

1. receiving a complaint or grievance from a child or youth (age 16 or 17) in DCF care and custody,
2. completing an investigation of the complaint or grievance, and
3. resolving the complaint or grievance.

EFFECTIVE DATE: July 1, 2015

**S.B. NO. 840 - AN ACT CONCERNING THE WELL-BEING OF CHILDREN.**

This bill requires the Commissioner of Children and Families to study the effects of the programs offered by the Department of Children and Families that address the well-being of children in the state.

EFFECTIVE DATE: July 1, 2015

**PASSED HOUSE & SENATE**

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

This bill establishes a 34-member Children's Mental, Emotional, and Behavioral Health Plan Implementation Advisory Board.

The board must advise specified individuals and entities on:

1. executing the comprehensive behavioral health plan that DCF developed, as required by law, in 2014;
2. cataloging (by agency, service type, and funding allocation) the mental, emotional, and behavioral services for Connecticut families with children to reflect the services' capacities and uses;
3. adopting standard definitions and measurements for the services delivered (presumably by the specified individuals and entities), when applicable; and
4. fostering collaboration of agencies, providers, advocates, and others interested in Connecticut child and family well-being to prevent or reduce the long-term negative impact of children's mental, emotional, and behavioral health issues.

By September 15, 2016, the board must begin annual reporting to the Children's Committee.

EFFECTIVE DATE: July 1, 2015

**S.B. NO. 842 - AN ACT CONCERNING FOSTER CHILDREN AND THE DESIGNATION OF SURROGATE PARENTS.**

This bill requires, rather than allows, the education commissioner or her designee to appoint surrogate parents for children supervised by the Department of Children and Families (DCF) who receive education services from Unified School District #2.

It extends this surrogate parent requirement to:

1. children under DCF supervision receiving education services from other facilities DCF operates or contracts with;
2. children under DCF supervision receiving education services from a facility the Judicial Branch's Court Support Services Division (CSSD) operates or contracts with; and
3. foster children (children temporarily placed in a home while awaiting permanent placement).

As under current law, the parent or guardian of the child or foster child:

1. must be notified by certified mail that the child is or may be eligible to receive special education and related services,
2. must agree or not object to the surrogate's appointment,
3. must receive the same notices as the surrogate, and
4. may revoke the surrogate's appointment at any time.

EFFECTIVE DATE: October 1, 2015

**SENATE PASSED**

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

By law, local and regional boards of education must provide in-service training on certain topics (e.g., CPR, bullying prevention) for certified teachers, administrators, and pupil personnel (i.e., school employees). The State Board of Education (SBE), within available appropriations and using available materials, must assist and encourage the school boards to provide in-service training on additional topics (e.g., mental health first aid training).

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

EFFECTIVE DATE: October 1, 2015

**SENATE PASSED**

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

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

EFFECTIVE DATE: October 1, 2015

**S.B. NO. 878 - AN ACT REQUIRING COMMUNITY NOTIFICATION OF NEW RESIDENTIAL FACILITIES FOR OFFENDERS.**

This bill requires the Department of Correction (DOC) to notify certain municipal officials before placing a community residence for released inmates in the municipality.

Under the bill, the correction commissioner, or his designee, must provide written notice to the municipality's chief elected official and chief executive officer about DOC's plans to place a community residence (e.g., halfway house) for released inmates in the municipality. He must provide the notice at least 30 days before DOC enters into an agreement with the facility's operator.

EFFECTIVE DATE: October 1, 2015

**PASSED HOUSE & SENATE**

**S.B. NO. 925 - AN ACT ESTABLISHING A HOME VISITATION PROGRAM CONSORTIUM.**

This bill establishes a Home Visitation Program Consortium of up to 25 members to advise the Office of Early Childhood (OEC) and the children and families (DCF), developmental services (DDS), and education (SDE) departments on the implementation of OEC's recommendations to coordinate home visitation programs within the early childhood system. (As required by law, OEC submitted the recommendations on December 1, 2014 to the Appropriations, Children's, Education, and Human Services committees.) By September 15, 2016, the consortium must begin annual reporting to the Children's Committee. The bill also makes technical changes.

EFFECTIVE DATE: Upon passage

**SENATE PASSED**

**S.B. NO. 926 - AN ACT CONCERNING UNSUBSTANTIATED ALLEGATIONS OF ABUSE OR NEGLECT BY SCHOOL EMPLOYEES.**

By law, the Department of Children and Families (DCF) must investigate reports that a school employee abused or neglected a child and notify the employing superintendent and education commissioner of its findings within five working days after the investigation's completion. This bill requires DCF to also notify the school employee.

It requires DCF, if it cannot substantiate such a report, to notify the employee, education commissioner, employing superintendent, and employing school or school district that the report is unsubstantiated. On receiving this information, the State Department of Education (apparently the commissioner), employing superintendent, and employing school or school district must remove any reference to the report and investigation from the employees' personnel records and any other records related to him or her. The bill does not set a specific deadline by which these references must be removed, although apparently it is immediately upon receiving the information from DCF.

Under the bill, an unsubstantiated report of abuse or neglect cannot be used against the employee for any employment-related purpose. These include matters concerning discipline, salary, promotion, transfer, demotion, retaining or continuing employment, termination, or any right or privilege related to employment.

EFFECTIVE DATE: July 1, 2015

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

This bill prohibits teachers, administrators, and other public school employees from using life-threatening or prone physical restraints on students. It restricts the use of seclusion and certain allowable physical restraints to emergencies and limits how long a student can be secluded or kept in an allowable physical restraint to the lesser of either 15 minutes or “one minute per age of the student” (presumably one minute for each year of a student's age).

It requires school boards to make a reasonable effort to notify parents and guardians immediately after their child has been physically restrained, and in no case more than 24 hours later. It requires certain school employees to receive in-service training on proper restraint and seclusion procedures and bars them from employing physical restraint or seclusion unless they have done so.

The bill does not limit any defense to criminal prosecution for using deadly physical force available under law. It also makes conforming changes.

EFFECTIVE DATE: July 1, 2015

**S.B. NO. 947 - AN ACT AUTHORIZING AND ADJUSTING BONDS OF THE STATE FOR CAPITAL IMPROVEMENTS, TRANSPORTATION AND OTHER PURPOSES.**

This bill authorizes up to \$1.644 billion for FY 16 and \$1.697 billion for FY 17 in state general obligation (GO) bonds for state capital projects and grant programs, including school construction, economic development, municipal aid grants, and housing development and rehabilitation programs. It also cancels or reduces up to \$258.4 million in bond authorizations from prior fiscal years.

The bill authorizes the following for DCF in FY 16 and FY 17:

Section(s)	For	FY 16	FY 17
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2(p), 21(q)	Alterations, renovations, and improvements to buildings and grounds	3,828,000	2,073,000
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The bill also cancels or reduces all or part of the following bond authorizations for the projects and grants for DCF:

Section	For	Current Authorization	Amount Cancelled
102	Grants to private, nonprofit organizations to construct and renovate community youth centers for neighborhood recreation or education purposes, including the Boys and Girls Clubs of America, YMCAs, YWCAs, and community centers (repeals earmark for Bridgeport Police Athletic League (\$1,000,000) and Burroughs Community Center (\$750,000))	5,000,000	87,800
137	Development of self-contained, secure treatment facility for girls	5,000,000	4,357,000
180	Self-contained, secure treatment facility for girls	6,000,000	6,000,000
199	Construct a secure facility for delinquent girls aged 14-17	4,700,000	4,700,000

EFFECTIVE DATE: July 1, 2015 for FY 16 bond authorizations and July 1, 2016 for FY 17 authorizations. Other sections are effective July 1, 2015, unless otherwise noted below.

**S.B. NO. 952 - AN ACT CONCERNING A SECOND CHANCE SOCIETY.**

This bill:

1. reduces the penalties for current felony drug possession crimes to class A misdemeanors;
2. restricts the scope of the crime of possessing drugs within 1,500 feet of a school or day care center to possession on their grounds, and changes the penalty to a class E felony;
3. reduces the size of the Board of Pardons and Paroles from 20 to between 10 and 15 members, while increasing the number of members who serve full-time from six to 10;
4. removes the bar on board members serving on both parole and pardons panels;
5. allows the board to consider an inmate for release on parole after an evaluation, but without a hearing, if he or she was convicted of a non-violent crime and the board does not know of any victim of the crime;
6. expands the board chairman's authority, in consultation with the board's executive director, to adopt regulations on an expedited pardons review process;

7. requires the board to develop a pardon eligibility notice explaining the pardons process and requires providing the notice to people when they are sentenced; are released from the Department of Correction (DOC); and complete parole, probation, or conditional discharge; and  
8. makes technical and conforming changes.

EFFECTIVE DATE: October 1, 2015, except the changes to the board's membership and panels and expedited pardons requirement take effect June 30, 2015, and the provisions on pardon eligibility notices and parole release without a hearing are effective July 1, 2015.

**SENATE PASSED**

**S.B. NO. 1028 - AN ACT CONCERNING THE TOLLING OF THE STATUTE OF LIMITATIONS FOR A NEGLIGENCE ACTION BROUGHT BY A MINOR.**

This bill extends the time in which someone can sue for damages caused by negligence, medical malpractice, or reckless or wanton misconduct that occurred before the person turned 18.

Current law generally allows individuals to sue for these damages within two years from the date the injury is first sustained or discovered, or should have been discovered in the exercise of reasonable care, but no later than three years after the act or omission complained of. The bill allows people who were under 18 when the injury was sustained, discovered, or should have been discovered to sue (1) up to seven years after the act or omission complained of, or (2) in the year after they turn 18 and before they turn 19, whichever occurs first. If current law would grant a longer time period, that law controls.

The bill's new time limitations do not apply to certain matters that have separate limitations under existing law, such as longer periods that apply to lawsuits for sexual abuse of minors or sexual assault.

The bill specifies that the time limitations for medical malpractice claims under the bill and current law do not relieve a party from complying with the existing requirement in these cases that the complaint or initial pleading be accompanied by a certificate indicating that a reasonable inquiry was made to show grounds for a good faith belief that there was negligence in the person's care or treatment. By law, to demonstrate that good faith belief, the attorney or claimant must obtain a written, signed opinion from a similar health care provider (CGS § 52-190a).

EFFECTIVE DATE: October 1, 2015 and applicable to all cases pending on or filed on or after that date.

**SENATE PASSED**

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

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

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

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

Finally, the bill expands the Children's Probate Court truancy clinics that currently are pilot programs limited to the Waterbury and New Haven Probate Courts. The bill instead allows the Probate Court Administrator to establish permanent truancy clinics within Probate Courts serving towns designated as alliance districts. The bill makes several minor, conforming, and technical changes.

EFFECTIVE DATE: July 1, 2015

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

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

The bill requires insurers to cover, among other things:

1. certain acute (e.g., substance use disorder) treatment and clinical stabilization (e.g., postdetoxification) services for up to 14 days without preauthorization;
2. services provided by advanced practice registered nurses (APRNs) for mental and nervous conditions; and
3. programs to improve health outcomes for mothers, children, and families.

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

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

The bill also makes technical and conforming changes.

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

EFFECTIVE DATE: January 1, 2016

**S.B. NO. 1089 - AN ACT CONCERNING MENTAL HEALTH SERVICES.**

This bill: requires the social services (DSS), children and families (DCF), and mental health and addiction services (DMHAS) commissioners, in consultation with providers, to establish a program to improve the provision of behavioral health services to Medicaid recipients, improve service coordination, and reduce state costs.

It establishes a grant program within DMHAS to provide funding to organizations that provide acute care and emergency behavioral health services.

The bill also requires the DCF and DMHAS commissioners to annually report to the Children's and Public Health committees on the provision of behavioral health services. The report must include the admission criteria, admission process, and capacity for each mental health and substance abuse program the departments administer. It also must include information for each behavioral health services provider who receives state funding through a DCF- or DMHAS-administered program, including information on the following that does not identify particular patients:

1. the number of (a) people served and their level of care, (b) admissions and discharges, and (c) service hours and bed days;
2. their patients' primary diagnoses, demographics, and average wait times for services;

3. average lengths of inpatient stays when applicable;
4. client satisfaction scores;
5. discharge delays and outcomes; and 6. recovery measures. ; and
4. requires the DMHAS commissioner, in consultation with DCF, DSS, and others, to study the utilization of and need for hospital beds for acute psychiatric care.

EFFECTIVE DATE: July 1, 2015

**H.B. NO. 5528 - AN ACT CONCERNING THE PROVISION OF BEHAVIORAL HEALTH SERVICES.**

This bill makes several changes regarding the provision of behavioral health services. It establishes three new behavioral health grant programs that help:

1. certain behavioral health providers practicing in health professional shortage areas pay their student loans (§§ 1-2),
2. local and regional boards of education hire licensed social workers and psychologists (§ 3), and
3. school-based health centers and local and regional boards of education purchase telemedicine equipment (§§ 7-9).

The bill also:

1. establishes a new Department of Public Health (DPH)-administered licensure program for behavior analysts and assistant behavior analysts (§§ 10-16);
2. expands the Department of Children and Families' (DCF) regional behavioral health consultation and care coordination program to include primary care providers serving young adults up to age 25, in addition to children, and requires the Department of Mental Health and Addiction Services (DMHAS) to assist in the program's implementation (§ 4);
3. requires DPH to annually publish an informational notice for behavioral health providers on communicating health care information among providers (§ 5); and
4. requires DPH, in consultation with the education commissioner, to study (a) the advantages of licensing board certified behavior analysts and assistant behavior analysts and (b) including them in school special education planning teams (§ 6).

EFFECTIVE DATE: July 1, 2015, except the provision on the DPH study is effective upon passage, and behavior analyst licensure provisions take effect on January 1, 2016.

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

This bill requires the governor to proclaim April 2 of each year as Safe Haven Day to heighten awareness about the state's safe haven for newborns law. It requires that suitable exercises be held in the State Capitol and elsewhere as the governor designates.

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

EFFECTIVE DATE: Upon passage

**H.B. NO. 6186 - AN ACT PROTECTING SCHOOL CHILDREN.**

This bill increases, from a class A misdemeanor to a class E felony, the penalty for a mandated reporter to fail to report suspected child abuse or neglect to the Department of Children and Families (DCF). The bill extends the mandated reporter law protection to certain students age 18 and older by making it a class E felony for a school employee to fail to report to DCF suspected 2<sup>nd</sup> degree sexual assault of such a student by an employee at the school. It is a class D felony, under the bill, for anyone to intentionally and unreasonably interfere with or prevent such reporting.

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

1. local or regional boards of education must certify to the superintendent that school employees complete such training;
2. the superintendent must certify compliance to the education commissioner, who must notify the State Board of Education (SBE) of any noncompliance; and
3. SBE must investigate any noncompliant local or regional school board and may require such board to forfeit certain state grants.

The bill creates a child abuse and neglect investigation fund to, among other things, hold the forfeited grants, which DCF may use to conduct child abuse and neglect investigations.

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

The bill also makes technical and conforming changes.

EFFECTIVE DATE: October 1, 2015 except the provisions on DCF's training program and investigation funding; local and regional school boards' rapid response team and rehiring practices; and SBE's certification, authorization, and permit practices (§§ 13&14) are effective July 1, 2015.

**H.B. NO. 6269 - AN ACT CONCERNING MENTAL HEALTH SERVICES FOR HOMELESS CHILDREN OR YOUTH.**

This bill requires the Department of Public Health to collaborate with the Department of Mental Health and Addiction Services to annually:

1. identify homeless children or youth in the state who need mental health services,
2. refer them to the services, and
3. make efforts to ensure that they receive the services.

The bill applies a federal definition of homeless children or youth.

EFFECTIVE DATE: October 1, 2015

**H.B. NO. 6276 - AN ACT CONCERNING TRAINING IN YOUTH SUICIDE PREVENTION.**

This bill requires the Department of Children and Families' Youth Suicide Advisory Board to offer a youth suicide prevention training course at least quarterly. The course must be open to anyone, free of charge.

The board's existing duties include, among other things, (1) increasing public awareness of youth suicide and ways to prevent it and (2) making recommendations on such things as developing statewide training in youth suicide prevention and implementing suicide prevention procedures in schools.

EFFECTIVE DATE: October 1, 2015

**HOUSE PASSED**

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

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

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

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

1. a written request by certified mail or other secure method authorized by the rating agency and
2. proper identification and sufficient proof of authority to act for the minor, such as a court order, an original copy of the minor's birth certificate, or a written notarized statement signed by the parent or guardian that expressly describes his or her authority to act and is acknowledged according to law by a judge, family support magistrate, court clerk or deputy clerk with a seal, town clerk, notary public, justice of the peace, or Connecticut-licensed attorney.

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

EFFECTIVE DATE: October 1, 2015

**HOUSE PASSED**

**[H.B. NO. 6483](#) - AN ACT ESTABLISHING A TASK FORCE TO STUDY GROUP HOME DISTRIBUTION.**

This bill establishes a task force to study the distribution of group homes throughout the state. The task force shall consist of the following members:

- (1) Two members appointed by the speaker of the House of Representatives;
- (2) Two members appointed by the president pro tempore of the Senate;
- (3) One member appointed by the majority leader of the House of Representatives;
- (4) One member appointed by the majority leader of the Senate;
- (5) One member appointed by the minority leader of the House of Representatives; and

(6) One member appointed by the minority leader of the Senate.

Not later than January 1, 2016, the task force shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to planning and development, in accordance with the provisions

EFFECTIVE DATE: Upon passage

**H.B. NO. 6663 - AN ACT CONCERNING CHILDREN'S SAFETY.**

This bill requires the Department of Children and Families shall initiate a study to determine whether policy and procedural changes within the department may increase the safety of children within the state. The department shall report, in accordance with the provisions of section 11-4a of the general statutes, the findings of such study to the joint standing committee of the General Assembly having cognizance of matters relating to children on or before February 1, 2016.

EFFECTIVE DATE: July 1, 2015

**H.B. NO. 6664 - AN ACT CONCERNING THE HEALTH OF CHILDREN.**

This bill requires the Commissioner of the Department of Children and Families, in consultation with the Commissioner of Public Health, shall, within available appropriations, establish a program to evaluate the health of children throughout the state. The commissioners shall report, in accordance with the provisions of section 11-4a of the general statutes, the findings of such program to the joint standing committee of the General Assembly having cognizance of matters relating to children on or before February 1, 2016.

EFFECTIVE DATE: July 1, 2015

**HOUSE PASSED**

**HB 6723 - AN ACT CONCERNING GROUNDS FOR TERMINATION OF PARENTAL RIGHTS.**

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

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

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

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

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

The bill also makes minor technical and conforming changes.

EFFECTIVE DATE: Upon passage

**HOUSE PASSED**

**[HB 6724](#) - AN ACT CONCERNING TECHNICAL AND MINOR REVISIONS TO THE DEPARTMENT OF CHILDREN AND FAMILIES STATUTES.**

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

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

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

EFFECTIVE DATE: October 1, 2015, except the provision replacing the differential response program with the family assessment response program is effective on passage.

### **HOUSE PASSED**

### **H.B. NO. 6725 - AN ACT CONCERNING ANIMAL-ASSISTED THERAPY SERVICES.**

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

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

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

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

Additionally, the bill extends, from January 1, 2014 to January 1, 2016, a requirement that the DCF commissioner, within available appropriations, develop and implement training for certain department employees and healthcare providers on the (1) healing value of the human-animal

bond for children, (2) value of therapy animals in dealing with traumatic situations, and (3) benefits of animal-assisted activities and animal-assisted therapy (rather than the benefits of an animal-assisted therapy program, as required by current law). The bill also makes minor and technical changes.

EFFECTIVE DATE: Upon passage

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

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

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

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

The bill also requires the Department of Rehabilitative Services (DORS) commissioner, in consultation with the developmental services (DDS), SDE, labor, and mental health and addiction services commissioners or their designees, to develop a proposed definition for “competitive employment” for each agency to use in relation to state matters. By February 1, 2016, the DORS commissioner must report on the proposed definition to the Education, Human Services, Labor, and Public Health committees.

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

EFFECTIVE DATE: July 1, 2015

**H.B. NO. 6763 - AN ACT CONCERNING SOCIAL INNOVATION.**

This bill expands the state's authority to enter into an outcome-based performance contract with a social innovation investment enterprise (i.e., enterprise), which is an entity created to coordinate the delivery of preventive social programs by nonprofit service providers. Enterprises can (1) create a social investment vehicle (product) to raise private investment capital, (2) enter into outcome-based performance contracts, and (3) contract with service providers.

Under current law, these contracts (1) establish outcome-based performance standards for preventive social programs delivered by nonprofit service providers and (2) guarantee investors a return on their investment and earnings if the enterprise meets the standards. The bill renames the “performance standards” as “performance benchmarks” but neither term is defined in the bill or underlying law. It also requires the nonprofit service providers who contract with the enterprise to meet the benchmarks, instead of the enterprise itself.

Current law allowed the Office of Policy and Management (OPM) secretary or his designee to enter an outcome-based performance contract to accept a U.S. Department of Justice grant for a prisoner re-entry program in FY 12. (The state was not awarded the grant so the program was never implemented.) The bill instead allows OPM, or an agency the secretary authorizes, to enter into an outcome-based performance contract with an enterprise to deliver preventive social programs (i.e., programs designed to reduce, reverse, or eliminate societal problems, including poverty, homelessness, unemployment, poor academic achievement, offender recidivism, child abuse and delinquency, and poor health.)

Under the bill, the contract must be based on a written proposal that (1) OPM deems sufficient and (2) demonstrates the enterprise will generate a reduction in state expenditures as they are defined in the contract through the (presumably, enterprise-contracted service providers') accelerated achievement of outcome-based performance benchmarks.

The bill specifies what must be included in the contracts and establishes procedures OPM and authorized agencies must follow to enter them.

The bill also (1) eliminates the requirement that OPM use the social innovation account within the General Fund to facilitate an offender reentry program and (2) requires OPM and authorized agencies to use money from the account to provide payments to the social innovation enterprise, investors, or both in accordance with the contract terms. (Currently, OPM is permitted to use the money from the account for such payments if the contract includes a provision to that effect.)

EFFECTIVE DATE: July 1, 2015

**HOUSE PASSED**

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

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

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

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

EFFECTIVE DATE: October 1, 2015

**HOUSE PASSED**

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

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

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

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

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

EFFECTIVE DATE: Upon passage

**H.B. NO. 6824 - AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH 2017, AND MAKING APPROPRIATIONS THEREFOR AND OTHER PROVISIONS RELATED TO REVENUE.**

The bill includes: 1) appropriations in nine funds totaling \$19.9 billion in FY 16 and \$20.6 billion in FY 17, 2) carry forward funding totaling an estimated \$30.9 million, 3) provisions to implement the budget, and 4) various other provisions.

EFFECTIVE DATE: Section 35 is effective from passage; all other sections are effective July 1, 2015.

**HOUSE PASSED**

**H.B. NO. 6836 - AN ACT CONCERNING THE TIMING OF CRIMINAL HISTORY RECORDS CHECKS FOR SCHOOL EMPLOYEES.**

This bill makes changes in criminal background check requirements for employees hired by both local and regional boards of education and private schools.

It shortens the deadline for people hired by local and regional boards to submit to state and national criminal history record checks. Individuals hired after July 1, 2015 must submit to these checks within five business days, rather than 30 days, of hire.

The bill similarly shortens the criminal background check deadline for several categories of workers who are not directly hired by a board of education but provide services in schools involving direct student contact: those who are (1) placed in a school under a public assistance employment program; (2) employed by a supplemental educational services provider; or (3) placed in a nonpaid, noncertified position to satisfy teacher certification requirements.

Also, the bill requires private school supervisory agents to require job applicants hired on or after July 1, 2015 to submit to state and national criminal history record checks. Current law allows, rather than requires, private schools to have new hires submit to these checks. By law,

unchanged by the bill, private schools must follow the same criminal background check procedures as local and regional boards of education.

EFFECTIVE DATE: July 1, 2015

**H.B. NO. 6847 - AN ACT ENHANCING ACCESS TO BEHAVIORAL HEALTH SERVICES AND SERVICES FOR YOUTHS WITH AUTISM SPECTRUM DISORDER.**

This bill:

1. expands certain individual and group health insurance policies' required coverage of autism spectrum disorder (ASD) services and treatment;
2. requires the developmental services (DSS) commissioner to designate demonstrated effective ASD services and interventions;
3. expands existing law's group policy behavioral therapy coverage for individuals with ASD and also applies it to individual policies;
4. eliminates maximum coverage limits on the Birth-To-Three program;
5. requires the insurance commissioner to convene a working group to develop recommendations on behavioral health data collection; and
6. makes technical and conforming changes.

The coverage provisions apply to health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, or (4) hospital or medical services, including those provided through an HMO.

EFFECTIVE DATE: January 1, 2016, except for the DSS designated effective treatment and the data collection working group provisions, which are effective upon passage, and certain technical changes, which are effective July 1, 2015.

**HOUSE PASSED**

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

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

1. expands the crime of human trafficking by broadening the conditions under which the crime is committed when the victim is a minor (under age 18);
2. requires the Department of Public Health (DPH) to provide victims of human trafficking the same services it must provide certain sexual assault victims under existing law;

3. allows the Office of Victims Services (OVS), under certain circumstances, to waive the time limitation on crime victim compensation applications for minors who are victims of human trafficking;
4. expands the conditions under which a court may erase a juvenile's record;
5. expands the list of crimes, including human trafficking, for which wiretapping is authorized; and
6. increases, from 21 to 23, the membership of the Trafficking in Persons Council.

The bill also makes technical and conforming changes.

EFFECTIVE DATE: October 1, 2015

**H.B. NO. 6854 - AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING THE REPORTING OF CERTAIN DATA BY MANAGED CARE COMPANIES AND HEALTH INSURANCE COMPANIES TO THE INSURANCE DEPARTMENT.**

This bill requires managed care organizations (MCOs) and health insurers to report certain data on substance abuse and mental disorders to the insurance commissioner by May 1 annually. It also requires the commissioner to include some of that data in the Consumer Report Card on Health Insurance Carriers, which she must publish by October 15 annually.

The bill extends the existing penalty for MCOs failing to file required information to those that fail to file the newly required information. Thus, an MCO that fails to file the required information is subject to a fine of \$100 for each day the report is late (CGS § 38a-478b). The bill does not set a penalty for health insurers who fail to file the information, but existing law allows the commissioner to fine an insurer up to \$15,000 for a violation of state insurance laws when no other penalty is specified (CGS § 38a-2).

EFFECTIVE DATE: January 1, 2016

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

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

1. requires practitioners, before prescribing greater than a 72-hour supply of any controlled substance, to check the patient's record in the prescription drug monitoring program;

2. requires practitioners to review the patient's record at least every 90 days if prescribing for prolonged treatment;
3. starting in July 2016, requires pharmacists to immediately report to the monitoring program on prescriptions they fill, rather than at least weekly, and requires the reporting to be done electronically;
4. makes other changes to the prescription drug monitoring program, including exempting opioid agonists in certain situations;
5. allows pharmacists to prescribe opioid antagonists, used to treat drug overdoses, if they receive special training and certification to do so, and expands the existing immunity for all prescribers when prescribing, dispensing, or administering opioid antagonists;
6. requires physicians, advanced practice registered nurses (APRNs), dentists, and physician assistants (PAs) to take continuing education in prescribing controlled substances and pain management;
7. makes changes to membership and other matters concerning the Connecticut Alcohol and Drug Policy Council; and
8. adds pharmacists to the definition of “healing arts” in the health care center (HMO) statutes.

The bill also makes technical and conforming changes.

EFFECTIVE DATE: Upon passage, except the provisions on continuing education and the prescription drug monitoring program are effective October 1, 2015.

**[H.B. NO. 6899](#) - AN ACT EXPANDING GUARDIANSHIP OPPORTUNITIES FOR CHILDREN AND IMPLEMENTING PROVISIONS OF THE FEDERAL PREVENTING SEX TRAFFICKING AND STRENGTHENING FAMILIES ACT.**

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

Principally, the bill:

1. permits caregivers to allow children with service or safety plans to participate in “normal childhood activities” (i.e., extracurricular, enrichment, and social activities, including overnight activities outside the caregiver’s direct supervision for up to 72 hours) without prior department or court approval (§ 1);
2. limits permanency plan goals involving certain planned permanent living arrangements (such as placement in an independent living program) to children age 16 or 17 (i.e., youths), establishes certain requirements for these arrangements, and eliminates certain other goals (§§ 2-5);
3. defines “fictive kin caregivers,” allows child placement with one of these individuals, makes such caregivers eligible for guardianship subsidies, and allows for the transfer of such subsidies from one caregiver to a successor caregiver (§§ 6 - 11);

4. requires foster care providers, relative and fictive kin caregivers, and child care facilities to use a “reasonable and prudent parent standard” (i.e., careful and sensible parental decisions that maintain a child's health, safety, and best interests) (§ 7);
5. broadens the (a) circumstances in which DCF must disclose records to specified parties without the subject's consent and (b) list of individuals who must submit to criminal history and child abuse registry checks (§§ 6, 16, & 17);
6. adds to the list of individuals the DCF commissioner must notify when (1) she removes a child from parental custody and extends the amount of time DCF has to provide the notice or (2) a child committed to DCF custody is missing or abducted (§§ 12 & 14); and
7. increases the number of children for whom DCF must request an annual credit report (§ 13).

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

EFFECTIVE DATE: July 1, 2015

### **§ 1 – NORMAL CHILDHOOD ACTIVITIES**

The bill permits a caregiver to allow a child in his or her care under a DCF or court-ordered service or safety plan to participate in normal childhood activities without prior DCF or court approval. The activities must (1) comply with the service or safety plan and (2) be age or developmentally appropriate based on a reasonably prudent parent standard. The bill allows the DCF commissioner, upon the caregiver's written request, to approve such a child's participation in normal childhood activities that deviate from the service or safety plan.

A DCF representative, during home visits and meetings with parents, must document the child's (1) interest in and pursuit of normal childhood activities and (2) participation in such activities in the child's service and safety plans. The representative must also communicate to the caregiver the parents' opinions on the child's participation in normal childhood activities so that the caregiver may consider them when providing the child's care.

#### ***Definitions***

For purposes of these provisions, the bill defines:

1. a “caregiver” as a (a) DCF-licensed foster care provider, (b) person approved by a licensed child-placing agency to provide foster care, (c) relative or fictive kin caregiver (see definition below), or (d) licensed child placing agency operator or official;
2. “reasonable and prudent parent standard” as careful and sensible parental decisions that maintain a child's health, safety, and best interests; and
3. “age appropriate or developmentally appropriate” as (a) activities or items generally accepted as suitable for children of the same age or maturity level or determined to be developmentally appropriate for a child based on the cognitive, emotional, physical, and behavioral capacities

typical for his or her age or age group or (b) in the case of a specific child, activities or items that are suitable based on his or her cognitive, emotional, physical, and behavioral capabilities.

### ***Liability***

The bill makes the department, caregiver, child-placing agency, child care facility, or any other state-contracted private entity immune from liability for any injury a child sustains as the result of a caregiver allowing him or her to participate in normal childhood activities under these provisions, unless the injury was due to the person's or entity's gross, willful, or wanton negligence. This provision of the bill does not remove or limit existing liability protection.

### ***Private Contractor Policies***

The bill requires private entities that contract with DCF to place children in department custody to have policies consistent with the above provisions. Such policies are not consistent if they are incompatible with, contradictory to, or more restrictive than these provisions.

## **§§ 2-5 – PERMANENCY PLANS**

### ***Goals***

The law requires DCF to establish and periodically revise permanency plans for children in its care or custody, which include abused and neglected children, delinquents, and children in its voluntary services program (i.e., children whose mental health needs could not otherwise be met).

Under current law, a child's permanency plan may include certain goals depending on the grounds for commitment. In general, these goals include parental or guardian reunification; guardianship transfer; long-term foster care with a licensed relative (or if the child is a delinquent, permanent placement with a relative); or termination of parental rights and adoption. If the court has documented compelling reason that these goals are not in the child's best interest, the goal may instead be another planned permanent living arrangement such as an independent living program or long-term foster care with an identified foster parent.

The bill eliminates (1) permanent placement with a relative from the list of allowable permanency plan goals for delinquents and (2) long-term foster care with a licensed relative as a goal for all other commitments (though DCF must still make efforts to place a child with a relative under other permanency plan provisions, as described below). It also limits the goal of another planned permanent living arrangement to youths (who are defined as age 16 or 17).

Under the bill, if a youth's permanency plan goal is another planned permanent living arrangement, it must document for the court the:

1. manner and frequency of its efforts to return the youth to his or her home or a secure placement with a fit and willing relative, legal guardian, or adoptive parent; and

2. steps it has taken to ensure the (a) youth's foster family home or child care institution is following a reasonable and prudent parent standard and (b) youth has regular opportunities to engage in age and developmentally appropriate activities.

For such youths, the court must:

1. ask about his or her desired permanency outcome;
2. make a judicial determination that, as of the hearing date, the other planned living arrangement is the best permanency plan for the youth; and
3. document the compelling reason why it is not in the youth's best interest to return home or be placed with a fit and willing relative, legal guardian, or adoptive parent.

The bill also requires the court to ask a child committed to the department for abuse or neglect about his or her desired permanency outcome at the child's permanency hearing, regardless of the permanency plan goal.

#### **§§ 6 & 7 – FICTIVE KIN CAREGIVERS AND CHILD PLACEMENT**

The bill renames “special study foster parents” as “fictive kin caregivers” and narrows the category of individuals who qualify as such. Under current law, a special study foster parent is a person age 21 or older not licensed by DCF to provide foster care. Under the bill, a fictive kin caregiver must additionally (1) be unrelated to a child by birth, adoption, or marriage; (2) have an emotionally significant relationship with the child similar to a family relationship; and (3) not be approved by DCF to provide foster care.

Currently, DCF may place a child in foster care with a person if (1) he or she is licensed by DCF or the Department of Developmental Services to provide such care or (2) his or her home is approved by a licensed child placing agency. The bill additionally allows DCF to place a child in foster care with a person who has received approval to provide foster care by a child-placing agency, which conforms to a current practice.

Currently, DCF may also place a child, if it's in his or her best interest, with (1) an unlicensed relative; (2) a nonrelative, if the child's sibling who is related to the caregiver is also placed with the caregiver; or (3) a special study foster parent. The bill eliminates the last two placement options but allows placement with a fictive kin caregiver if it is in the child's best interest. The fictive kin caregiver is subject to the same home visitation, criminal background check, and licensure requirements already in law for such placements.

#### ***Reasonable and Prudent Parent Standard***

The bill requires relative and fictive kin caregivers and licensed or approved foster care providers to use a reasonable and prudent parent standard on the child's behalf. Licensed child care facilities must designate an on-site staff member to apply the standard on a child's behalf.

## **§§ 8-11 – GUARDIANSHIP SUBSIDY**

### ***Eligibility***

The bill shortens the name of the Adoption Subsidy Review Board to the Subsidy Review Board and makes several conforming changes. It also eliminates the requirement that the board member representing a child-placing agency and his or her alternate be licensed.

The bill broadens eligibility for, and the beneficiaries of DCF's subsidized guardianship program. Currently, the program provides subsidies to licensed foster care relatives who have cared for a child for at least six months because the child's parent died or was otherwise unable to care for the child for reasons that make parental reunification and adoption not viable options in the foreseeable future.

The bill makes fictive kin caregivers and foster care providers approved by licensed child-placement agencies eligible for the subsidized guardianship program under the same circumstances.

### ***Subsidy Transfers***

Current law allows a guardianship subsidy to be transferred from one relative caregiver to another if the subsidy recipient dies or becomes severely disabled or ill. The bill additionally allows such transfers to and from fictive kin guardians and foster care providers as well as relative caregivers (i.e., successor guardians). To be eligible for the subsidy transfer, the successor guardian must (1) be the child's court-appointed legal guardian, (2) be identified in the subsidy agreement, and (3) meet DCF's foster care safety requirements.

By law, the subsidy may continue until the child turns age (1) 18 or (2) 21, if he or she (a) attends a secondary school, technical school, or college full-time; (b) is in a state accredited job training programs, or (c) meets other federal law requirements. Under the bill, the subsidy may be provided to a successor, subject to annual review, through the child's 21<sup>st</sup> birthday if the:

1. transfer was finalized after September 30, 2013;
2. child was at least age 16 when the transfer was finalized;
3. 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 a postsecondary or vocational institution, or (c) participating full time in a commissioner-approved program or activity designed to promote or remove barriers to employment.

The bill allows the commissioner, at her discretion, to waive the enrollment or participation requirements based on compelling circumstances. In order to receive the transferred subsidy, the guardian must, at the commissioner's annual review time, submit to her a sworn statement that

the child is still meeting the education or participation requirement unless the requirement was waived.

The bill also requires the commissioner, at least 30 days before terminating or reducing a subsidy, to provide written notice to the subsidy recipient and a hearing before the Subsidy Review Board. The subsidy must continue unmodified during any appeal and until the board issues its decision.

### **§ 16 – RECORDS DISCLOSURE**

The bill expands the circumstances in which DCF must disclose records about a person to specified parties without the person's consent. Under the bill, DCF must disclose records without consent to any individual or entity to identify resources that will promote a child's or youth's court-approved permanency plan.

The bill also requires DCF to make such disclosures to the public school superintendent or head of a public or private child care institution or private school pursuant to the child's permanency plan.

### **§§ 6, 17 – CRIMINAL RECORDS CHECKS**

By law, DCF must (1) require all applicants for employment with DCF or foster care licensure to submit to state and national criminal history records checks and (2) check the child abuse registry for the applicant's name. The bill broadens the entities that must submit to the criminal history and registry checks to include:

1. all vendors or contractors and their employees who (a) provide direct services to children in DCF custody or (b) have access to DCF records.
2. at the commissioner's discretion, anyone age 16 or older who is not living in the household but has regular unsupervised access to a child (i.e., periodic interaction to provide child care, medical or other services) in a licensed or approved applicant's home. (The bill also specifies that foster care applicants may be eligible if they are either licensed by DCF or approved by a DCF-licensed child care facility.)

The bill also requires the following individuals to submit to a state and national criminal history records check before a foster care license or approval may be renewed:

1. the person seeking a foster care license or approval renewal and anyone age 16 or older living in the household and
2. at the commissioner's discretion, anyone age 16 or older who is not living in the household of the person seeking foster care license or approval renewal but who has regular unsupervised access to a child in the home.

## **§ 12 – RELATIVE NOTIFICATION OF CHILD REMOVAL FROM PARENTAL CUSTODY**

Currently, DCF must use its best efforts to notify the child's grandparents within 15 days of the child's removal from the home. The bill instead requires DCF to make a reasonable effort to provide notice within 30 days to the grandparents as well as to (1) each parent with legal custody of one or more of the child's siblings, and (2) any other adult related to the child by blood or marriage. "Sibling" includes a stepbrother, stepsister, half-brother, half-sister, anyone else who would be considered the child's sibling if not for parental rights termination or disruption, including the parent's death.

The commissioner must include in the notice a:

1. statement that the child has been removed from parental custody;
2. summary of the relative's rights under federal and state law to participate in the child's care and placement, including any options that may be deemed waived if the recipient fails to respond;
3. description of requirements to become licensed or approved as a foster family home and additional supports and services available for a child placed in the home; and
4. description of how the child's caregiver may subsequently enter into an agreement with DCF to receive foster care subsidies.

## **§ 14 – REPORT OF MISSING OR ABDUCTED CHILD**

The bill requires DCF to report any child committed to the department who is abducted or missing to the law enforcement authority with jurisdiction over the location where the child was abducted or reported missing. DCF must also report immediately, or within 24 hours after the child is missing or abducted, to the FBI's National Crime Information Center and to the National Center for Missing and Exploited Children.

## **§ 13 – CREDIT REPORTS**

The bill increases the number of children who are in DCF custody and placed in foster care on whose behalf the commissioner must annually request a free credit report, from those age 16 and older to those age 14 and older. By law, DCF must review the reports for signs of identity theft, provide it to the child's attorney or guardian ad litem for review, assist a child in resolving any inaccuracies in the report, and report any evidence of identity theft to the chief state's attorney.

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## **H.B. NO. 6909 - AN ACT ESTABLISHING THE CONNECTICUT TRAUMATIC BRAIN INJURY ADVISORY BOARD.**

This bill establishes in statute a 26-member Connecticut Traumatic Brain Injury Advisory Board to address the needs of those with traumatic brain injuries (TBI). (In practice, a TBI

advisory board already exists informally within the Department of Social Services (DSS)). The board must make recommendations for implementing a state-wide plan to address these needs and report annually to the governor and the Human Services and Public Health committees.

The bill also requires the board, the Department of Public Health (DPH), and other state or private entities to enter into memoranda of understanding to share information and resources necessary to accomplish the board's goals, subject to state and federal laws concerning privacy, security, confidentiality, and individually identifiable information.

Under the bill, DPH must provide administrative support to the board, including meeting space, a place to house records, and space on its website.

EFFECTIVE DATE: July 1, 2015

**H.B. NO. 6923 - AN ACT CONCERNING SEXUAL ASSAULT.**

This bill makes various changes affecting evidence in sexual assault cases. If an accused seeks to introduce evidence of the victim's sexual conduct, it requires the hearing on the motion to be held in camera (i.e., in private), rather than allowing the court to grant a motion to hold the hearing in that manner. By law, evidence of a victim's sexual conduct in these cases is admissible only in certain limited circumstances.

The bill requires motions, supporting documents, and related court documents concerning these hearings to be sealed, and unsealed only if the court rules that the evidence is admissible and the case goes to trial.

If the state discloses any such evidence, the bill limits the further disclosure of that evidence by defense counsel.

It also (1) establishes deadlines for the transfer and analysis of sexual assault evidence police obtain from a health care facility that collects this evidence and (2) extends how long the agency receiving the evidence must keep it if the victim chooses to remain anonymous.

EFFECTIVE DATE: October 1, 2015

**H.B. NO. 6926 - AN ACT CONCERNING LENGTHY SENTENCES FOR CRIMES COMMITTED BY A CHILD OR YOUTH.**

This bill makes a number of changes related to sentencing and parole release of offenders who were under age 18 when they committed the crimes. Among other things, it:

1. retroactively eliminates (a) life sentences for capital felony and arson murder and (b) convictions for murder with special circumstances, for offenders who committed these crimes when they were under age 18;
2. requires criminal courts to consider certain mitigating factors of youth when sentencing someone convicted of a class A or B felony committed when he or she was between ages 14 and 18;
3. establishes alternative parole eligibility rules that can make someone eligible for parole sooner if he or she (a) committed a crime when he or she was under age 18 and (b) was sentenced to more than 10 years in prison; and
4. prohibits a child convicted of a class A or B felony from waiving a presentence investigation or report and requires the investigation report to address the same sentencing factors the bill requires a criminal court to consider. (In practice, defendants can waive these investigations and reports.)

The bill also makes three changes related to sentencing all offenders and earning credits to reduce prison sentences. It:

1. requires a judge sentencing someone to prison to indicate the maximum period of incarceration, earliest possible parole release date, and maximum number of risk reduction credits he or she may earn;
2. requires prosecutors to include the maximum prison term and earliest possible release date in the information they provide, on request, to victims about a proposed plea agreement;
3. prohibits someone convicted of 1<sup>st</sup> degree manslaughter or 1<sup>st</sup> degree manslaughter with a firearm from earning risk reduction credits. The bill also makes technical and conforming changes (§§ 3-5).

EFFECTIVE DATE: October 1, 2015; however, the provisions regarding capital felony, murder with special circumstances, and arson murder are effective October 1, 2015 and apply regardless of when an offender is or was convicted; and the provision on earning risk reduction credits is effective on July 1, 2015 and applicable to eligibility for the credits on or after that date.

## **HOUSE PASSED**

### **H.B. NO. 6941 - AN ACT CONCERNING STATE AGENCY INTERPRETER SERVICES.**

This bill requires state agencies unable to meet a request for deaf or hard of hearing interpreter services with their own staff to ask the Department of Rehabilitation Services (DORS) to provide the services before requesting them from elsewhere. The bill allows a state agency to

seek interpreting services elsewhere if (1) DORS cannot fulfill the agency's request within two business days or (2) the agency shows good cause that it needs such services immediately. The bill applies to any office, department, board, council, commission, institution, or other executive or legislative branch agency.

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

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

EFFECTIVE DATE: July 1, 2015

**H.B. NO. 6963 - AN ACT CONCERNING LEGAL PROTECTIONS FOR PERSONS ENTERING CARS TO RENDER EMERGENCY ASSISTANCE TO CHILDREN.**

Under certain circumstances, this bill immunizes from civil or criminal liability anyone who enters another person's vehicle, including entry by force, to remove a child who he or she believes is in imminent danger. It covers the person's actions or omissions in removing the child as long as he or she:

1. maintains a good faith belief that entering the vehicle is necessary to remove the child from imminent danger;
2. contacts the local law enforcement agency, fire department, or other appropriate emergency service (i.e., a "first responder") before entering the vehicle;
3. places a written notice on the vehicle's windshield stating (a) his or her name, telephone number, and address; (b) the reason for entering the vehicle; (c) the child's current location, if the child was removed from the vehicle; and (d) that he or she contacted a first responder about the entry;
4. remains with the child in a safe location, in reasonable proximity to the vehicle, if the child was removed from the vehicle, until a first responder arrives; and
5. uses no more force than necessary under the circumstances, given what the person knows at the time, to enter the vehicle to remove the child from imminent danger.

The immunity applies to (1) liability to the vehicle owner for civil damages and (2) criminal prosecution. It does not apply to acts or omissions constituting gross, willful, or wanton negligence. Under the bill, a person may still be liable for civil damages if he or she attempts to provide aid to the child in addition to the actions the bill authorizes.

EFFECTIVE DATE: Upon passage

**HOUSE PASSED**

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

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

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

1. adds several new definitions to conform with the 2008 revisions (§ 2);
2. replaces, throughout UIFSA, references to (1) “paternity” with “parentage of a child” and (2) “family support magistrate” and “Family Support Magistrate Division (FSMD) of the Superior Court” with “tribunal”;
3. broadens the state tribunals' (i.e., the Superior Court and its FSMD) authority to modify child support orders (§ 55);
4. requires tribunals to adhere to UIFSA for support proceedings involving a foreign (a) support order, (b) tribunal, or (c) resident who is an obligee, obligor, or child in the proceedings (§ 5);
5. adds provisions to UIFSA that directly address how the Superior Court and Department of Social Services' Bureau of Child Support Enforcement (BCSE) must handle Convention support orders (i.e., orders issued in a country that is a Convention signatory) and foreign support agreements (§§ 61 – 73);
6. establishes that the BCSE and the Superior Court's Support Enforcement Services (SES) are the state's support enforcement agencies (§ 5);
7. requires SES, in UIFSA-related proceedings, to (a) perform clerical, administrative, and other nonjudicial functions on FSMD's behalf; (b) maintain a support orders and judgments registry; and (c) assist BCSE in performing its functions when handling Convention support orders and foreign support agreements (§ 89); and
8. specifies that the act's provisions are severable (i.e., if any provisions or their application are found to be invalid, the invalidity does not affect the rest of the act) (§ 78).

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

EFFECTIVE DATE: July 1, 2015

**HOUSE PASSED**

**H.B. NO. 6976 - AN ACT CONCERNING A STUDY OF RECOVERY HIGH SCHOOL PROGRAMS.**

This bill requires the Department of Education, in consultation with the Department of Mental Health and Addiction Services, to conduct a study of recovery high school programs for students recovering from substance abuse or dependence. The study shall include a survey of recovery high school programs in other states and recommendations regarding the implementation of recovery high school programs in the state. Not later than January 1, 2016, the department shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to education, in accordance with the provisions of section 11-4a of the general statutes.

EFFECTIVE DATE: Upon passage

**H.B. NO. 7001 - AN ACT REQUIRING AGENCY CERTIFICATION OF COMPLIANCE WITH STATUTORY REQUIREMENTS TO ADOPT REGULATIONS.**

By law, each state agency must, annually, by December 1, provide the Regulations Review Committee with a list of mandated regulations that, as of that date, it failed to either (1) submit to the committee for approval or (2) resubmit after the committee rejected them without prejudice. The requirement applies to regulations that were required by statute to be adopted by January 1 of that year.

This bill requires a state agency that has no outstanding regulations to annually submit to the committee, a statement by the agency's administrative head certifying that the agency (1) has complied with all sections of the general statutes or public acts requiring it to adopt regulations by January 1 of that year or (2) was not required by any statute or public act to adopt regulations by that date. The agency may submit the statement electronically or in writing.

The bill also specifies that the existing provisions on annual reporting of outstanding regulations also apply to regulations required by public acts, in addition to those required by the general statutes.

EFFECTIVE DATE: October 1, 2015

**H.B. NO. 7004 - AN ACT CONCERNING IMPLEMENTATION OF THE RECOMMENDATIONS OF THE TASK FORCE TO STUDY SERVICE OF RESTRAINING ORDERS.**

This bill requires the chief court administrator to:

1. ensure that there is designated space for meetings between state marshals and civil restraining order applicants in each Superior Court to which the service of a restraining order may be returned;
2. revise and simplify the process for filing a restraining order application and ensure that anyone seeking to apply for relief from abuse is given a one-page, plain language explanation of how to apply; and
3. collect data annually on the number of civil restraining orders, civil protection orders, and family violence protective orders (a) issued and (b) vacated because the respondent (accused) could not be served.

EFFECTIVE DATE: October 1, 2015

**H.B. NO. 7005 - AN ACT CONCERNING DOMESTIC VIOLENCE OFFENDER PROGRAM STANDARDS AND INCREASED PROTECTIONS FOR VICTIMS OF DOMESTIC VIOLENCE.**

This bill creates a new 10-member subcommittee within the Criminal Justice Policy Advisory Commission (CJPAC) to (1) annually, starting October 1, 2015, review and revise domestic violence offender program standards and (2) establish policies and procedures to ensure state-wide compliance with such standards.

The bill requires that certain family violence offender treatment programs provided by the Superior Court's local family violence intervention units conform to the adopted standards.

It prohibits budgeted state agencies from operating, contracting with, utilizing, or referring someone to a domestic violence offender program that does not comply with the subcommittee's standards.

It also extends to family violence victims the right to withhold certain confidential information available under existing law to sexual assault victims and victims of injury or risk of injury to, or impairing the morals of, children.

EFFECTIVE DATE: July 1, 2015

**HOUSE PASSED**

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

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

The bill requires the public health commissioner to issue a new birth certificate to a transgender person who:

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

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

EFFECTIVE DATE: October 1, 2015

**HOUSE PASSED**

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

Within available appropriations, this bill requires state and municipal agencies that incarcerate or detain juvenile offenders, including immigration detainees, to adopt and comply with the applicable standards recommended by the National Prison Rape Elimination Commission for

preventing, detecting, monitoring, and responding to sexual abuse. The agencies covered are prisons, jails, community correction facilities, juvenile facilities, and lockups.

This requirement already applies to agencies incarcerating adult offenders.

EFFECTIVE DATE: October 1, 2015

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

This bill makes various changes affecting the juvenile justice system.

It changes when cases may or must be transferred from juvenile court to adult criminal court, including:

1. eliminating automatic transfers for children aged 14 through 17 who are charged with class B felonies and
2. raising the minimum age, from 14 to 15, for the (a) automatic transfer for more serious crimes and (b) discretionary transfer for any felonies not subject to automatic transfer.

As is already the case for children age 16 or younger, the bill requires the presence of a parent or guardian for a confession or other statement by a 16- or 17-year-old to be admissible in court. The bill also extends this requirement to all proceedings, not just delinquency proceedings.

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

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

EFFECTIVE DATE: October 1, 2015

**Section IV: Use of CJA Funds: FFY 2014-2015**

**Multidisciplinary Teams - \$10,000 Allocated**

The Children's Justice Act Grant continued to support one multidisciplinary team. Each of Connecticut's thirteen Judicial Districts has at least one staffed multidisciplinary team.

**MDT Evaluations - \$25,000 Allocated**

The contract with The Village for Families and Children has been continued.

**Training - \$10,000 Allocated**

The Task Force continued to support training opportunities for individuals associated with the investigation, assessment, intervention and prosecution of child sexual abuse and serious physical abuse.

**GTF/FW Coordinator – \$94,237 Allocated**

The GTF Coordinator continues to support the work of the Governor's Task Force, its sub-committees/workgroups and coordinate the Finding Words trainings and related activities.

**Finding Words Training - \$30,000 Allocated**

Two Finding Words trainings were offered this year, serving 63 professionals from throughout the state. Funds were also used to support faculty travel to the When Words Matters national conference and participation in the *ChildFirst* Alliance meeting. Additionally, the Forensic Interviewer Mentoring program was piloted with one new forensic interviewer being formally mentored.

**Travel - \$2,500 Allocated**

Funds supported the attendance of the GTF Coordinator and the GTF Executive Committee Co-chair to the 2015 annual, federal CJA technical assistance meeting in Washington DC, as required.

**Connecticut Children's Alliance (CCA) State Chapter Director - \$19,950 Allocated**

Funds supported the position of the CCA State Chapter Director, who has oversight and direction to the planning, development and management of the Connecticut Children's Alliance.

## **Section V: Areas of Continued Focus of the Governor's Task Force: FFY 2015 - 2016**

### **A. Development and Support of MDTs**

The development of teams across Connecticut has strengthened the joint DCF/law enforcement investigations of child sexual abuse and serious physical abuse. It has also promoted the use of trained forensic interviewers. The creation of additional teams has allowed prosecutors to have access to at least one multidisciplinary team in every judicial district in CT.

The GTF will continue to support MDTs and CACs. Statewide, a Program Quality Coordinator provides managerial and administrative oversight of MDT contracts and addresses issues or concerns related to service provision. The Department of Children and Families designee to the Governor's Task Force on Justice for Abused Children (GTF) currently functions in this capacity.

Looking back, legislative activity in Connecticut has supported the role and value of multidisciplinary teams. In 1996, PA # 96-246 (now C.G.S. 17a-101j) required that substantiated cases of serious abuse and child sexual abuse be reported to the state prosecutor. It also mandated that efforts be made to reduce the number of interviews of child abuse victims in the investigation process by coordinating the response of multiple agencies. The statute recognized multidisciplinary teams and permitted greater flexibility in sharing information, requiring greater collaboration among the multiple disciplines. In 1998, C.G.S. 17a-106a, established the purpose of teams, and provided for the establishment of a team in each of the 13 judicial districts. This legislation stipulates that responding agencies must advance and coordinate their activities and interventions to ensure the protection and treatment of child victims. It further required the Governor's Task Force on Justice for Abused Children to establish standards for teams (an activity accomplished in 2002) and to review protocols developed by the teams on an on-going basis to ensure compliance and practice standards are maintained.

### **B. MDT Evaluation**

The GTF will continue to fund and implement the evaluation of multidisciplinary teams through the Research Division of The Village for Families and Children. The MDT Evaluation Committee will provide technical assistance to improve team functioning and oversight to ensure that recommendations and/or corrective action is pursued and followed.

In 2015-2016 the committee will focus on accomplishing the following:

1. Finalize the update to the standards for Connecticut's multidisciplinary teams and best practices for multidisciplinary investigations and assessments. Disseminate and orient team coordinators and members to the new standards/best practices.
2. Implement a comprehensive follow up to teams around their team evaluations.

### **C. Training**

MDT coordinators, team members and individuals from related disciplines will continue to have access to training funds through the Task Force. Additionally, the Task Force and MDTs will continue to sponsor multidisciplinary training programs annually to bring state of the art knowledge and skills to front line

staff. The committee will explore strategies to increase the use of in-state trainings so as to maximize training funds.

#### **D. MDT Data Collection**

The GTF will develop a data collection system and reporting as needed for optimal use and efficiency. The State of Connecticut's DCF Provider Information Exchange (PIE) system will be updated to include data information from the teams. The data elements will be identified by summer 2015 with hopes that the system will be fully developed for January 2016. The state will input data gathered from PIE into MDT evaluations.

#### **E. *Finding Words* Training**

The GTF will continue to offer the *Finding Words* program training at the POSTC, the state's police training academy in Meriden. The next course is currently scheduled for October 2015. A second course will be held in the spring of 2016. The faculty is also looking into the feasibility of developing an advanced course during 15-16. Faculty will attend the When Words Matters Conference in June 2015. The committee continues to look to develop a manual for the Forensic Interviewer Peer Mentoring Program.

#### **F. Statewide Assessment of the Services and System Pertaining to the Sexual Abuse and Serious Physical Abuse of Children**

The three workgroups that were developed as a result of the needs assessment (Forensic Interview and Forensic Medical Workgroup, MDT/CAC Workgroup, and Victim Services/ Victim Advocacy Workgroup) will continue their work as described in the update section of this report. All groups have already met in 2015 and will continue to develop additional goals.

#### **G. Minimal Facts Training**

As described in the Program Performance Reporting section of this report, First Responder's trainings will be offered statewide to DCF investigations staff and law enforcement personnel and Discoverer's trainings will be offered to all other mandated reporters. In addition, training materials continue to be distributed statewide. Finally, the Minimal Facts Advisory Board will continue to meet quarterly to update the two training curricula and their corresponding training materials, as well as support current trainers and recruit new trainers as needed.

#### **H. GTF Membership**

The Membership Committee will continue to ensure that all positions on the GTF remain full and provide members the tools and resources needed to assist their work on the Task Force. Specifically, the committee will work to broaden GTF membership to include additional parent representatives and update areas of the task force where members have had limited participation in 2014/15 meetings.

#### **J. GTF Website**

The committee will continue its work to update the website for the Task Force.

#### **K. By-Laws**

The By-Laws workgroup will continue to examine and update GTF by-laws in the coming year as is deemed appropriate.

**L. Legislation**

Although no formal legislative committee exists, GTF members will continue to watch closely legislation concerning children and families. As appropriate, issues will be raised at GTF committee meetings and full GTF meetings.

**M. Human Trafficking**

The Governor's Task Force will continue to support the state's response to child victims of human trafficking and sexual exploitation. DCF received a new grant on September 30, 2014, Grants to Address Trafficking within the Child Welfare Population, Connecticut's Human Antitrafficking Response Team (HART) Project providing the first trafficking related funds to support these efforts. The coordinator for the GTF is now a member of the Department of Children and Families (DCF) Human Anti-Trafficking Response Team (HART) and DCF local HART liaisons are accessing the resources of their local MDT teams. The grant included a full-time HART Coordinator hired through the Village for Children and Families; entity providing the GTF Coordinator. The two Coordinator positions allow for optimal coordination and collaboration ensuring all aspects of these efforts are seamless.

**N. Children with Disabilities**

The GTF recognizes the importance of addressing the issues facing children with disabilities. To this end, the GTF has decided to pursue ways to incorporate this area into all aspects of the Task Force efforts. These issues are addressed during the Finding Words trainings, Minimal Facts trainings, and will be prominent in legislation tracked though out the year.

**O. Child Fatalities**

The GTFJAC will monitor child fatalities through our partner member agency the Office of the Child Advocate.

**Section VI: Proposed Budget for CJA Funds: FFY 2015 -- 2016**

	<b>2015-2016 CJA Allocation</b>
<b>A. Multidisciplinary Investigation Teams</b> To continue to support one multidisciplinary team at \$10,000 annually	\$10,000
<b>B. MDT Evaluation Committee</b> To continue to contract with the Village for Families and Children, Inc. to update MDT standards and best practices, as well as the MDT evaluation methodology and tools as described and complete evaluations.	\$25,000

<b>C. Training</b> To continue to offer training to individuals associated with the investigation, assessment, intervention and prosecution of child sexual abuse and serious physical abuse statewide	\$10,000
<b>E. Finding Words Training</b> To support two Finding Words trainings statewide, faculty development and Forensic Interviewer Peer Mentoring.	\$30,000
<b>F. GTF Coordinator</b> To support the full time GTF coordinator through a contract with The Village for Families and Children.	\$94,237
<b>G. Travel</b> As required, to permit travel for the GTF Coordinator and GTF Executive Committee Co-chairperson to attend the annual national CJA grantee meeting.	\$2,500
<b>H. Connecticut Children's Alliance (CCA) State Chapter Director</b> To support the CCA State Chapter Director who has oversight and direction for the planning, development and management of the Connecticut Children's Alliance.	\$19,950
<b>I. Statewide Assessment Implementation</b>	\$2,125
<b>Total</b>	\$ 193, 812

\*Note: The CJA allocation for this budget period is \$201,281.00. The difference of \$7,469.00 will be carried over to cover provider payments as CTDCF waits on federal funds.