

CONNECTICUT

Connecticut is in the forefront in enacting state laws broadly prohibiting sexual orientation discrimination. Nonetheless, the Connecticut Department of Children and Families (“DCF”) has not kept pace in promulgating policies consistent with state non-discrimination laws. DCF has taken positive first steps in offering optional training to foster care staff on LGBT youth issues, and although far more is needed to address the needs of LGBT youth in foster care, DCF now appears motivated to initiate these necessary improvements.*

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*The following recommendations are modeled on and should be read in conjunction with the “Basic Reforms to Address the Unmet Needs of LGBT Foster Youth” described at pages 22-28 of this Report. “LGBT” is an acronym for lesbian, gay, bisexual, and transgender.



I. NON-DISCRIMINATION POLICIES

A. SEXUAL ORIENTATION OF YOUTH

Assessment: DCF prohibits discrimination in foster child placement on the basis of race, color, or national origin of the foster parent or child, but not on the basis of sexual orientation.¹

The omission of sexual orientation from DCF’s non-discrimination policy is inconsistent with Connecticut state law prohibiting state agencies from discriminating on the basis of sexual orientation in the provision of services² and from being “party to any agreement, arrangement or plan which has the effect of sanctioning discrimination.”³ DCF is thus prohibited under state law from discriminating against LGBT youth in foster care or from contracting with foster care agencies that maintain discriminatory policies or practices toward LGBT youth. Furthermore, under state law, state agencies must analyze all their operations for possible noncompliance with non-discrimination provisions and initiate comprehensive programs to remedy discriminatory practices.⁴ DCF is thus obligated to assess and remedy discrimination against LGBT youth in its care.

Recommendation:	Conform the DCF Policy Manual to state law by expressly prohibiting sexual orientation discrimination by DCF and private providers. Comply with the state mandate to assess and remedy sexual orientation discrimination systemwide.
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B. SEXUAL ORIENTATION OF FOSTER PARENTS AND OTHER FOSTER HOUSEHOLD MEMBERS

Assessment: DCF does not have a written policy prohibiting sexual orientation discrimination in licensing foster parents. DCF does, however, report that in practice it has for many years licensed lesbian and gay persons as foster parents.

Connecticut statutorily prohibits any state department, board, or agency from denying or revoking a license on the basis of sexual orientation and requires that each state agency take appropriate action to enforce compliance with sexual orientation non-discrimination provisions.⁵ In addition, as discussed above, DCF may not contract with a private agency that discriminates on the basis of the sexual orientation of foster parents.⁶

Recommendation:	Add a provision to the DCF Policy Manual, in keeping with state law, expressly prohibiting discrimination on the basis of the sexual orientation of foster parents and other foster household members, not only in licensing and placement decisions but in all interactions with DCF and its agents.
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C. SEXUAL ORIENTATION OF FOSTER CARE STAFF

Assessment: DCF does not have a written policy prohibiting sexual orientation discrimination in employment practices.

Sexual orientation discrimination in employment by state agencies is, however, statutorily prohibited.⁷

Recommendation:	Add a provision to the DCF Policy Manual, in keeping with state law, expressly prohibiting sexual orientation discrimination against foster care staff.
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D. HIV/AIDS STATUS OF YOUTH

Assessment: DCF has general guidelines for the non-discriminatory treatment of children in care who are HIV-positive or perceived to be at risk of acquiring HIV or AIDS. The guidelines provide that DCF employees are expected to work with individuals who have HIV/AIDS and to protect client confidentiality.⁸

In addition, Connecticut statutorily prohibits state agencies from discriminating in the provision of services on the basis of physical disability.⁹

Recommendation:	None.
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E. HIV/AIDS STATUS OF FOSTER PARENTS AND OTHER FOSTER HOUSEHOLD MEMBERS

Assessment: DCF does not have a written policy prohibiting discrimination on the basis of the HIV/AIDS status of foster parents or foster family members.

This omission is out of step with Connecticut law, which prohibits any state department, board, or agency from denying or revoking a license on the basis of a physical disability that does not prevent performance of the work involved.¹⁰

Recommendation:	Adopt express written policies prohibiting discrimination on the basis of the HIV/AIDS status of foster parents or foster family members able to perform foster care responsibilities.
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F. HIV/AIDS STATUS OF FOSTER CARE STAFF

Assessment: DCF has a non-discrimination policy for DCF employees who are HIV-positive or perceived to be at risk of acquiring HIV or AIDS. The policy provides for education of employees, reasonable accommodations, and confidentiality.¹¹

This policy is consistent with Connecticut law prohibiting discrimination in state employment practices on the basis of a physical disability that does not prevent performance of the work involved.¹²

Recommendation:	None.
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II. FOSTER PARENT TRAINING

A. EXPLAINING NON-DISCRIMINATION POLICIES REGARDING SEXUAL ORIENTATION AND HIV/AIDS STATUS

Assessment: DCF does not offer or require instruction to foster parents on any issues related to the sexual orientation or the HIV/AIDS status of foster youth, including non-discrimination principles.

Recommendation:	In addition to adopting sexual orientation and HIV/AIDS non-discrimination policies as recommended above, make training on such policies mandatory for all foster parents.
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B. SENSITIVITY TO SEXUAL ORIENTATION

Assessment: DCF does not offer or require instruction to foster parents on sensitivity to sexual orientation.

Recommendation:	Require mandatory training for all foster parents on sensitivity to sexual orientation and the challenges faced by LGBT youth.
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C. SUPPORTING A FOSTER CARE YOUTH COMING OUT AS LGBT

Assessment: DCF does not offer or require instruction to foster parents on supporting a foster care youth coming out as LGBT.

Recommendation:	Require mandatory training for all foster parents on supporting a foster care youth coming out as LGBT.
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D. SEXUAL HEALTH EDUCATION, INCLUDING HIV/AIDS AND OTHER STD PREVENTION EDUCATION AND SERVICES

Assessment: DCF does not provide mandatory instruction to foster parents on educating LGBT foster care youth about their sexuality and sexual health, including prevention of HIV/AIDS and other STDs.

Recommendation:	Require mandatory training for all foster parents on educating LGBT foster care youth about their sexuality and sexual health, including prevention of HIV/AIDS and other STDs.
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III. FOSTER CARE STAFF TRAINING

A. EXPLAINING NON-DISCRIMINATION POLICIES REGARDING SEXUAL ORIENTATION AND HIV/AIDS STATUS

Assessment: DCF does not require instruction to foster care staff on any issues regarding sexual orientation or HIV/AIDS, including on Connecticut laws and policies prohibiting discrimination.

DCF does, however, contract with an outside agency to provide optional training sessions to a limited number of caseworkers, supervisors, and direct care workers on LGBT youth issues.¹³ These sessions include a full-day introductory program on basic LGBT youth issues and services, and shorter on-site programs for DCF-funded agencies and providers. The programs discuss non-discrimination policies, debunk negative stereotypes about LGBT people, and develop knowledge and skill in helping LGBT youth.

Recommendation:	Although these programs are a positive step toward training caseworkers and other foster care staff on LGBT youth issues, thorough training on LGBT issues should be mandatory for all foster care staff and supplemented with ongoing staff development programs.
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B. SENSITIVITY TO SEXUAL ORIENTATION

Assessment: DCF offers limited optional instruction to foster care staff on sensitivity to sexual orientation.

Recommendation:	Require mandatory training for all foster care staff on sensitivity to sexual orientation and the challenges faced by LGBT youth.
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C. SUPPORTING A FOSTER CARE YOUTH COMING OUT AS LGBT

Assessment: DCF offers limited optional instruction to foster care staff on supporting a foster care youth coming out as LGBT.

Recommendation:	Require mandatory training for all foster care staff on supporting a foster care youth coming out as LGBT.
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D. SEXUAL HEALTH EDUCATION, INCLUDING HIV/AIDS AND OTHER STD PREVENTION EDUCATION AND SERVICES

Assessment: DCF does not provide mandatory instruction to foster care staff on educating LGBT youth about their sexuality and sexual health, including prevention of HIV/AIDS and other STDs.

Recommendation:	Provide mandatory training to all foster care staff on educating LGBT foster care youth about their sexuality and sexual health, including prevention of HIV/AIDS and other STDs.
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IV. LGBT YOUTH PROGRAMS AND SERVICES

A. SAFE GROUP HOMES

Assessment: Although DCF maintains group homes and youth shelters, none is geared specifically to LGBT youth. Furthermore, given the limited training and services offered on LGBT issues by DCF, existing group facilities are under-equipped to address the needs of LGBT youth. In one instance, where a bisexual youth complained of

harassment by group home peers, DCF did have a trained counselor conduct a several-hour session with the group home residents to address their bias and harassment.

Recommendation:	<p>DCF's response in this particular instance of harassment was a positive and appropriate step. However, more than after-the-fact intervention is needed. DCF should consider whether, in the short term, the pressing needs of LGBT youth in group home settings would best be addressed by designating specific group facilities as safe havens for LGBT youth.</p> <p>It should, however, be a priority to make every group facility in the state a safe, supportive environment for LGBT youth through strict enforcement of non-discrimination policies, staff training, sensitivity education for non-LGBT residents, and services and resources for LGBT youth.</p>
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B. IDENTIFY FOSTER PARENTS TO CARE FOR LGBT YOUTH

Assessment: There are no specific efforts to locate and train foster parents qualified and interested in caring for LGBT youth.

Recommendation:	<p>DCF, as well as contract agencies, should identify and train qualified foster parents, including lesbian and gay adults, interested in caring for LGBT youth.</p>
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C. COUNSELING PROGRAMS

Assessment: DCF does not offer counseling services specifically for LGBT youth.

Recommendation:	<p>DCF should ensure that one-on-one and group counseling services are available for LGBT youth.</p>
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D. RESOURCES AND COMMUNITY CONTACTS FOR FOSTER CARE STAFF, FOSTER PARENTS, AND LGBT YOUTH

Assessment: DCF did not respond to our requests for written information on this topic. However, we are advised that DCF sponsors foster care staff and youth interested in attending an annual conference in Connecticut on LGBT youth issues.

Recommendation:	Providing foster care staff and youth access to an annual conference is a positive step, but much more is needed to disseminate resources and information throughout the system. For example, DCF should distribute to DCF offices, group facilities, and foster care youth and their foster families, resource guides that include local community contacts, support groups, reading lists and materials, hotlines, LGBT advocates in the DCF system, and other resources. These resources should also be available to biological families. All youth in foster care should have direct, ready, and confidential access to developmentally appropriate resources about LGBT issues.
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E. SEXUAL HEALTH EDUCATION, INCLUDING HIV/AIDS AND OTHER STD PREVENTION EDUCATION AND SERVICES

Assessment: There is no mandated programming to educate LGBT youth about their sexuality and sexual health, including about prevention of HIV/AIDS and other STDs. Indeed, we are informed that DCF staff follow a policy of providing HIV/AIDS education to youth under the age of 16 only with the consent of their biological parents and only if the youth are believed to engage in high risk activities.

Recommendation:	Provide all foster care youth with developmentally appropriate information and resources about sexuality and sexual health, including about LGBT issues and prevention of HIV/AIDS and other STDs, without a requirement of parental consent.
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F. ACCESS TO HIV TESTING WITHOUT GUARDIAN CONSENT OR NOTIFICATION

Assessment: DCF maintains policies governing access to HIV/AIDS testing, counseling, and confidentiality of results for youth in foster care.¹⁴ Adolescents who face a significant risk of exposure, including because of sexual activity, are to be referred by DCF to a primary care physician for additional assessment and for testing if appropriate.¹⁵ DCF policy provides that “[b]efore a test may be granted at the child’s request a determination should be made if the child has sufficient intellectual capacity, maturity and stability to understand the seriousness of the test and the conse-

quences of the results.”¹⁶ We are advised by DCF that its practice is to attempt to obtain parental consent before a youth under the age of 16 is tested.

By statute, Connecticut provides that a minor may request and be granted an HIV test and treatment without parental notification or consent if a physician determines that the parents would deny testing or treatment, or the minor would otherwise refuse testing or treatment.¹⁷

Recommendation:	DCF should adopt policies consistent with state law providing foster care youth access to free and confidential HIV testing without guardian consent or notification. In addition, make information about risk criteria, along with access to free testing, directly available to foster care youth without the requirement that DCF staff necessarily play an intermediate role.
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G. CONFIDENTIALITY OF HIV TESTING AND TEST RESULTS

Assessment: DCF policy prohibits disclosure of HIV test results without the written consent of the individual tested or of their guardian.¹⁸ However, the same policy further provides that DCF “may seek and/or release information regarding the diagnosis or treatment of HIV for the purposes of case planning or the provision of services on behalf of its clients.”¹⁹

It is statutorily prohibited to disclose confidential information revealing whether a person has been counseled about HIV infection, has taken an HIV-related test, or has HIV infection, HIV-related illness, or AIDS.²⁰

Recommendation:	Clarify existing policy to require confidentiality of HIV status, with disclosure permitted on only a limited, need-to-know basis to provide for a youth’s well-being.
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Notes to Connecticut

1. Conn. DCF Policy Manual § 41-19-5.
2. Conn. Gen. Stat. Ann. § 46a-81i(a) (West 1995).
3. Conn. Gen. Stat. Ann. § 46a-81i(b) (West 1995).
4. Conn. Gen. Stat. Ann. § 46a-81i(c) (West 1995).
5. Conn. Gen. Stat. Ann. § 46a-81k (West 1995).
6. Conn. Gen. Stat. Ann. § 46a-81i(b) (West 1995).
7. Conn. Gen. Stat. Ann. § 46a-81h(a) (West 1995).
8. Conn. DCF Policy Manual § 7-6-2.
9. Conn. Gen. Stat. Ann. § 46a-71(a) (West 1995).
10. Conn. Gen. Stat. Ann. § 46a-73 (West 1995).
11. Conn. DCF Policy Manual § 7-6-2.
12. Conn. Gen. Stat. Ann. § 46a-70 (West 1995).
13. These trainings are provided by True Colors, Inc.: Sexual Minority and Family Services of Connecticut.
14. Conn. DCF Policy Manual §§ 44-5-5.1 through 5.5.
15. Conn. DCF Policy Manual § 44-5-5.1. *See also* Conn. Gen. Stat. Ann. §§ 19a-582 and 19a-592 (West 1997).
16. Conn. DCF Policy Manual § 44-5-5.1; *see also*, DCF Policy Manual § 44-5-5.2.
17. Conn. Gen. Stat. Ann. §§ 19a-582(a), 19a-592 (West 1997).
18. Conn. DCF Policy Manual § 44-5-5.4.
19. *Id.*
20. Conn. Gen. Stat. Ann. §§ 19a-581(8) & 19a-583 (West 1997).