OFFICE OF THE CHILD ADVOCATE

ANNUAL REPORT

JULY 1, 2013 to JUNE 30, 2014

*A*DVOCATE…INVESTIGATE…EDUCATE…COLLABORATE…PARTICIPATE…EVALUATE

OVERVIEW AND AUTHORITY

The Office of the Child Advocate (OCA) was established in 1995 after the tragic death of an infant in state care. The child's death made clear that an independent agency with the power to investigate and issue public reports was necessary to ensure the well-being of children and provide transparency to government services otherwise shielded from public view by confidentiality laws and institutionalized practices intended to protect children and families.

The statutory authority of the office is broad. The OCA is mandated to:

- *Evaluate the delivery of services to children through state agencies or state-funded entities;*
- *Periodically review the procedures of state agencies and recommend revisions;*
- *Review and investigate complaints regarding services provided by state agencies or state-funded entities;*
- *Advocate on behalf of a child and take all possible action necessary to secure the legal, civil, and special rights of children, including legislative advocacy, making policy recommendations, and legal action;*
- *Periodically review facilities and procedures of facilities in which juveniles are placed and make recommendations for changes in policies and procedures;*
- *Periodically review the needs of children with special health care needs in foster care or permanent care facilities and make recommendations for changes in policies and procedures;*
- *Review the circumstances of the death of any child due to unexpected or unexplained causes.*

As reported in previous years, the OCA continues to harness our unique statutory and independent authority to investigate and evaluate state-funded and state-operated programs and services for children, identify areas in need of attention and make recommendations to protect the rights of Connecticut's children. Committed to education and workforce development, the OCA proudly serves as a learning environment for students. This past year OCA hosted interns from the University of Connecticut graduate Schools of Social Work and Law, Suffolk University Law School, and an undergraduate student from the University of Saint Joseph. In addition, OCA staff members are frequently asked to guest lecture at state universities and colleges on a variety of topics involving children.

Since 1995, the OCA has been a consistently effective overseer of state-funded services for children despite significant decreased resources over the past several years. Fiscal Year 2014 (FY14) has been a very busy year for the OCA, and despite its small number of staff (6 FTEs) and limited operating budget of $602,294 the OCA has continued to diligently strive to meet its responsibilities to the children and residents of the state and remains a tenacious and reliable voice for children.

Associate Child Advocate, Mickey Kramer, RN MS, served as acting Child Advocate through September 9, 2013, when the office welcomed Sarah Eagan, JD as the new Child Advocate.

This report summarizes the major initiatives and accomplishments of the Office of the Child Advocate from July 1, 2013 through June 30, 2014.

RESPONDING TO CITIZEN CONCERNS

Between July 1, 2013 and June 30, 2014, the OCA responded to the questions, concerns and complaints of hundreds of citizens regarding the provision of state and state-funded services to children. Individuals seeking assistance from the OCA include youths in need of services, parents and other relatives of children in need, health/mental health/education professionals, attorneys, juvenile and criminal justice professionals, community providers, legislators, and employees of state agencies with responsibility for children's services. All calls to the OCA are maintained as confidential. Callers were provided with expert information on roles and responsibilities of state agencies serving children and families, as well as coaching on how to effectively navigate sometimes overwhelmingly complex systems. Issues brought to the attention of the OCA through citizen calls this past year continued to be extremely variable and encompassed child welfare, mental health, education, legal representation, juvenile justice, criminal justice, supports and services to children with developmental disabilities and special health care needs, and social services available to children and families.

Beyond providing information, referral and coaching, OCA staff reviewed approximately 400 child cases and determined it necessary to intervene directly on behalf of approximately 18% of the children referred through its ombudsman activities. Most of those child/youth cases involved significant concerns with treatment planning around complex mental health needs, developmental disabilities and social issues transcending the services of multiple state agencies. As reported in previous years, child specific case review and advocacy was provided to many more children and youth encountered during OCA facility-based work in state funded or state-operated treatment and correctional settings. It is OCA's broad authority regarding access to information, including subpoena authority, which allows for comprehensive inspection of service access, availability and quality across all state-funded systems that serve children. The OCA uses this knowledge and authority to inform both child specific case planning as well as system-wide practice and policy initiatives. Information yielded through OCA's child specific investigations is shared with oversight entities including Executive branch agency leaders, the Governor's office, the Legislature, and Judicial branch officials. The Office of the Child Advocate staff interacts regularly with the staff and executive administrations of the following state agencies:

- ✓ Department of Children and Families
- ✓ Department of Developmental Services
- ✓ Department of Social Services
- ✓ Department of Mental Health and Addiction Services,
- ✓ Department of Correction
- ✓ Department of Education
- ✓ Department of Public Health

- ✓ Office of the Chief Public Defender
- ✓ Office of the Chief Medical Examiner
- ✓ Judicial Branch-Court Support Services Division
- ✓ Judicial Branch-Probate Courts and Probate Administration

As is critical to successful advocacy, OCA continues to work collaboratively with private sector health and human service providers and other advocates across the state, examining the effectiveness of the current service delivery systems, identifying gaps and needs in services, and advocating for changes and improvements as needed.

CHILD FATALITY REVIEW and PREVENTION INITIATIVES

Pursuant to C.G.S. 46a-13l(c), the OCA and Child Fatality Review Panel (CFRP) are tasked with reviewing the circumstances of the death of any child due to unexpected or unexplained causes in order to facilitate the development of prevention strategies, to address identified trends and patterns of risk, and to improve coordination of services to children and families in the state. The CFRP is comprised of multi-disciplinary professionals, currently co-chaired by the Child Advocate and a pediatrician expert in childhood trauma, child abuse and neglect.

During FY14, the CFRP continued an independent review of the December 2012 Sandy Hook Elementary School shooting deaths of 20 children. In accordance with 46a-13l (11)(c), the CT Child Fatality Review voted unanimously on January 30, 2013 to have the OCA initiate an investigation focused on the "mechanism" (i.e. the shooter) of the deaths of the 20 first-graders at Sandy Hook Elementary School. The inventory and collection of extensive documentation began early in 2013. This complex investigation remained ongoing with the expectation of a public report in the fall of 2014.

In February 2014, the OCA initiated a comprehensive investigation of 82 infant and toddler deaths that occurred during calendar year 2013. This examination included the review of pediatric, child welfare, law enforcement, and other records as indicated. As part of the review process, OCA met with pediatric providers, early childhood experts and other key community stakeholders to inform recommendations. A public report was prepared for release during the summer 2014.

During April 2014, in conjunction with the CFRP, OCA issued a public health alert: "*Unsafe Sleep Related Deaths are the Leading Cause of Preventable Deaths of Infants in CT.*" Of the 43 unexpected, unexplained infant deaths reviewed, 31 infants had risk factors associated with their sleep environment. The alert contains multiple recommendations for policymakers, DCF, in-home service providers, child care professionals, health care providers, and parents for promoting safe sleep environments for all infants in Connecticut.

On June 3, 2014, the OCA released a public information bulletin, "*Child Fatality Review,*" in response to numerous unexpected or unexplained infant and toddler deaths that had occurred in the first 6 months of 2014. The bulletin described OCA and CFRP's ongoing responsibilities regarding child fatality reviews and announced the pending release of the CFRP/OCA report on all 2013 fatalities of children under age 5. All Public Health Alerts and OCA reports can be found on the OCA website: *www.ct.gov/oca*.

OCA and CFRP intends to continue to release regular public health alerts regarding child fatalities in our state with focus on prevention. The OCA continues to communicate regularly with national experts in child death review and prevention strategies. OCA is recognized within CT and nationally for its expertise and commitment to public education and public policy advocacy initiatives related to child fatality review and prevention.

2013 Child Fatalities, an Overview

The OCA reviews the unexplained and unexpected deaths of *all* children in Connecticut whose deaths are reported to the Office of the Chief Medical Examiner (OCME). During calendar year 2013, the CFRP reviewed 162 child deaths. Of those 162 cases, 74 were natural (7 were classified as SIDS), 35 were accidents, 12 were homicides, 10 suicides, and 17 cases were classified as undetermined.

2013 Child Fatality Case Overview

74 Natural Child Deaths: ***These child deaths primarily consisted of heart complications, cancer, children who are medically complex, medical complications associated with prematurity, and other acute illness. Seven cases were classified Sudden Infant Death Syndrome (SIDS).***

35 Accidental Child Deaths: ***17 of these child deaths were motor vehicle related—11 passengers, 3 bicyclists, 2 drivers, 1 roll-over. 7 children drowned (2 pool, 2 tub, 3 natural body of water). 2 died in house fires, 3 died from a plane crash into a home, 1 drug overdose, and 5 children died from other accidental traumatic injuries (falls, suffocations, etc.).***

12 Homicides: ***10 children – 5 girls and 5 boys – all 3 years old or younger, died from inflicted abuse injuries. All of these children had some relationship with the perpetrator who killed them. Two teenagers, boys ages 14 and 17, were also victims of homicide this year.***

10 Child Suicides: ***9 children died by hanging, and 1 died from a gunshot wound; 7 were girls and 3 were boys. One child was 12 years old; two children were 13 years old; three children were 14 years old, one child was 15 years old; and three children were 16 years old.***

17 Undetermined Child Deaths: ***An undetermined death is a category used by the OCME when, upon the completion of an autopsy, there are no findings of accidents, disease, trauma, or obvious injury. 15 of the undetermined cases were infants under 6 months old, one child was a 1 year old, and the other was a teen. Many of the infant deaths had compromised sleep environments. Some infants were in an adult bed, chair, car seat, or couch. Others had potentially harmful items in their sleeping environment, such as blankets, pillows, and stuffed animals.***

FACILITY BASED INVESTIGATIONS and ADVOCACY ACTIVITIES

During the past year, the OCA has continued its monitoring and advocacy efforts on behalf of children and youth in state hospitals, state-funded treatment facilities, and in the state's detention centers and prisons. Advocacy efforts, and the commitment of leadership within the judicial and executive branches, have laudably resulted in greater use of home and community evidence-based care and treatment, and subsequent significant decreases in the number of children in institutional care settings. Despite such progress, on any given day in CT, hundreds of children are not living within a family or community setting due to their complex special needs or the lack of available support services and resources. These children are often housed a significant distance from their families and home communities. Many have significant unmet needs, and no one to speak on their behalf. OCA is an active participant on myriad behavioral health and juvenile justice committees and task forces charged with examining CT's children's mental health treatment infrastructure, identifying gaps in the available continuum of services, and advocating for needed improvements.

State operated facilities (e.g., DCF, DMHAS, DOC and Judicial Branch) continue to fall outside of the state's current regulatory mechanisms (i.e. they are not "licensed" as are the private sector programs), they serve children and youth most likely to have highly complex needs, and they are less open and visible than private sector programs. The OCA maintains its strong commitment to ensuring that the needs of these most vulnerable children are identified and addressed.

OCA is legally authorized to access any state operated or state funded program serving children and youth, to evaluate conditions of care, treatment and confinement and make recommendations for change or improvement. This includes health, mental health, educational, juvenile

justice and correctional programs. OCA staff regularly visit a variety of settings providing services to children to review policies, procedures and practices. OCA staff meet with children and youth and their families to learn about their experiences in care. OCA also meets regularly with facility staff and administrators as well as aftercare providers. These activities inform OCA investigative and systemic advocacy efforts.

DEPARTMENT OF CHILDREN AND FAMILIES (DCF)

Albert J. Solnit Center [Solnit South, formerly Riverview Hospital for Children and Youth, and Solnit North, formerly CT Children's Place]. As reported previously, the OCA prioritized oversight of the care and treatment of children served in the DCF operated hospital and treatment programs more than 10 years ago due to persistent concerns regarding reliance on restrictive and punitive measures, extraordinary lengths of stay, inconsistent quality of treatment planning, and poor environmental conditions. Significant changes have been made to both Solnit South and Solnit North over the past 2 years including closing the hospital unit serving children under 12 and no longer admitting young children, converting 2 of the hospital's units to psychiatric residential treatment facility (PRTF-subacute) units for adolescent girls, and converting the Solnit North campus to a PRTF for adolescent boys. DCF has invested significant effort and resources into these state operated programs during this time in an effort to prepare staff for the changed focus and populations. DCF administration has been reporting incremental improvements regarding use of restrictive measures, length of stay and quality of treatment planning processes. OCA will continue to monitor to ensure that the department effectively implements reliable quality assurance processes to ensure positive change is sustained, and areas of concern are effectively and efficiently addressed.

Pueblo/CJTS

In March 2014, DCF opened a secure unit on the Solnit South campus for teenage girls who are adjudicated delinquent. "Pueblo" was developed amidst significant publicly aired controversy regarding the need for, and potential benefit of, such a program. DCF administration successfully argued that the facility was necessary, and that it would provide short term, high quality treatment for girls in state custody. Advocacy organizations and others expressed concern about the state's unfulfilled commitment to develop an adequate continuum of gender and trauma informed home and community based services for girls. "Pueblo" has a current bed capacity of 12 and is staffed and managed by the CT Juvenile Training School.

Since the unit opened, OCA initiated a plan to monitor the conditions of care and confinement. OCA has identified and shared concerns with DCF administration and executive leadership related to utilization of restrictive measures such as restraint and seclusion, unmet behavioral health needs of girls in the unit, as well as the unreliability of current quality assurance practices within the facility. Concurrently, OCA has responded to reports of similar concerns within CJTS, the boys secure facility. The OCA intends to work with all appropriate stakeholders to ensure the safety and well-being of these vulnerable youth.

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES (DMHAS)

The OCA continues its advocacy efforts to promote seamless transition for the hundreds of youth transitioning each year from child-serving health, mental health, educational, and developmental services to the corresponding adult systems of care and support. Young adults have unique needs that require developmentally focused services and supports. During the past year, OCA has continued to meet regularly with DMHAS Young Adult Services (YAS) leadership to ensure that the needs of individual young people with serious and persistent mental health issues are being effectively addressed, and that appropriate home and community based services and supports are available to help them transition successfully to adulthood

and eventual independence. In addition, OCA has continued to monitor the conditions of care and treatment at the DMHAS operated CT Valley Hospital, which provides inpatient care to some of the state's most vulnerable and complex young people.

DMHAS has responded to OCA's concerns of overreliance on restrictive measures, quality of care and treatment specific to the needs of the young adult population, extraordinary length of stay, and poor environmental conditions with a program improvement plan focused on the youngest adult patients. At this time, OCA finds practice improvements to be evident and facility leadership committed to sustainable culture change hospital wide. Transition to less restrictive community settings remains a challenge for some of the most vulnerable and complex young adults. OCA will continue to provide needed independent oversight and work to engage other stakeholders in advocating for an appropriate and accessible continuum of services for this vulnerable and underserved population.

DEPARTMENT OF CORRECTION (DOC)

OCA's work within the adult correctional system began in 2005 following the suicide of a 16 year old boy at the DOC's Manson Youth Institution (MYI). At that time, MYI housed than 700 boys ages 14-20, both sentenced and pre-sentenced. As was intended and projected, CT has seen a significant decrease in the number of teenagers admitted to the adult prisons since the state legislature raised the age of juvenile jurisdiction from 16 to 18, fully effective July 1, 2012. This transformative change was accomplished through unprecedented collaborative advocacy efforts.

While the majority of 16 and 17 year old offenders remain in the juvenile system, transfer laws for teens accused of serious crimes continue to ensure that on any given day, up to 100 youth under 18 are incarcerated in the adult prison system. As CT has gained national recognition for many positive changes to its juvenile justice system, there is no doubt that the inclusion of the 16 and 17 year olds is taxing the current juvenile services infrastructure. Similarly, the population of youth in custody of the DOC, while fewer in number, are typically pre-sentenced with extraordinary behavioral health, educational, and social needs. Despite a more youth-focused approach to corrections over the past several years, widely reported outcomes for youth who have experienced incarceration continue to be bleak with high rates of recidivism.

Manson Youth Institution (MYI) and York Correctional Institution (YCI)

The OCA continues to have a regular presence at both MYI and YCI, the two primary DOC facilities used for adolescents. OCA continues to vigilantly monitor the conditions of confinement, access to quality programming, and services provided to the youth in custody. The OCA works closely with the DOC facility leadership and staff to ensure that these youth receive developmentally appropriate care and treatment in order to ensure their safety and well-being while incarcerated, as well as help to increase the chance of successful reintegration efforts back into the community. Over the past year, the OCA has witnessed fewer disciplinary infractions, improvement in participation in school, and developmentally appropriate health and mental health treatment. In addition, the OCA meets regularly with DOC executive leadership to discuss progress within the facilities, as well as to advocate for additional resources and interagency collaborations needed to better serve this complex population.

An important recent collaborative initiative with the DOC involves OCA participating in a multidisciplinary working group convened to examine existing DOC policies and procedures and offer recommendations to DOC administration for changes to reflect current knowledge and best practices related to the adolescent population in custody. At the invitation and encouragement of the facility wardens, the working group is co-led by OCA and UConn Correctional Managed Health Care. Successful community reintegration upon discharge continues to be a critical area of

concern with responsibility shared by multiple systems. OCA is committed to continued work with the DOC and others on behalf of these vulnerable youths.

OTHER SYSTEMIC INVESTIGATIONS

Restraint and Seclusion of Children

In July 2013, OCA and OPA released, "*No More 'Scream Rooms' in Connecticut Schools: An Investigation into Seclusion Practices at Farm Hill Elementary School, including Analysis of the Responses of the State Departments of Education and Children and Families and Recommendations for Reform,* after a collaborative investigation between the OCA and the Office of Protection and Advocacy for Persons with Disabilities (OPA). The report is available to the public on the OCA and OPA websites at the following link: ..\..\Middletown Public Schools\Farm Hill OPA-OCA REPORT 7-13 FINAL.pdf. SDE annual statewide data subsequently confirmed thousands of children are subjected to seclusion and restraint in CT's public and therapeutic schools, a finding in conflict with national best practices. OCA intends further examination of such practices in schools and will advocate for needed statewide practice and policy reforms.

In September 2013, OCA was a co-sponsor with the CT Interagency Restraint and Seclusion Prevention Initiative of a statewide educational forum held at Central Connecticut State University. Presenters included national experts, persons with lived experience, education and mental health providers and others. Almost 400 participants attended and provided overwhelmingly positive feedback. A second event is planned for September 2014 and will focus on restraint and seclusion reduction implementation strategies.

In January 2014, OCA and OPA co-hosted a well-attended forum at the legislative office building focused on highlighting the concerns regarding seclusion and restraint practices in schools. National experts were featured in keynote presentations as well as a roundtable discussion with legislators, agency representatives, and parents.

In February 2014, in response to the SDE report of approximately 33,000 reported incidences of restraint and seclusion in CT schools in 2013, OCA initiated a statewide review of restraint and seclusion practices, focusing specifically on students in elementary school. The investigation will include a review of several schools and student specific information and a public report describing findings and recommendations and is slated for release in early 2015. OCA continues to meet with SDE administrative leadership and other key stakeholders to work toward the goal of reducing and eventually eliminating the use of seclusion and restraint in CT's schools.

Access to behavioral health services for children, adolescents and young adults

During the months following the Sandy Hook tragedy, Governor Malloy established the Sandy Hook Advisory Commission to examine current policy and make specific recommendations specific to school safety, mental health and gun violence. OCA participated on the Task Force to Study the Provision of Behavioral Health Services for Young Adults in CT, as established by Public Act 13-3, Section 66; this Task Force issued a report containing findings and recommendations in April 2014.

In partnership with the Office of the Healthcare Advocate, OCA executed an $85,000 grant from the CT Health Foundation to evaluate the CT Behavioral Health Partnership Pay for Performance initiative for the purpose of determining potential implications for the commercially insured. The review is underway and a report is expected by late summer 2014.

In November 2013, the Child Advocate issued comments to the Healthcare Advocate on the State Innovation Model (SIM) draft proposal, urging full optimization of the SIM framework for pre-natal and infant care via evidence-based home visitation services, expanded screenings by primary care providers, and strengthening care coordination between community-based and school-based providers.

PUBLIC POLICY and LEGISLATIVE ADVOCACY

OCA testified before the Select Committee on Children, the Appropriations Committee, the Judiciary Committee, the Human Services Committee, the Education Committee, and the Public Health Committee on a variety of proposed bills concerning services to children. Legislative initiatives supported by OCA in FY14 included: collaboration among Boards of Education and law enforcement personnel to reduce school-based arrests of children and youth in CT; recommendations of the CT Sentencing Commission regarding lengthy sentences for crimes committed by a child or youth; efforts to prevent homelessness for youth under the care of the Commissioner of the Department of Children and Families; and ensuring access to quality pre-k education for children in DCF's care.

ADMINISTRATIVE UPDATES

During FY14, OCA purchased software and initiated a 3-phase preparation strategy to install Legal Files, a sophisticated case management system that will enable more thorough and accurate data collection and reporting of the Office's activity. Legal Files will be deployed at OCA and several other agencies within the Office of Governmental Accountability early in FY15. Its robust capacity for data tracking and reporting are crucial to OCA's mandated review of publicly funded services to children.

OCA's 4-pronged communications plan was designed to fulfill its statutory mandate to educate and inform the public by establishing a dialogue about OCA and its work. Communication and public education initiatives this past year have included multiple professional trainings on myriad topics related to child well-being, initiation of a listserv to ensure broad dissemination of both OCA work product as well as relevant research and other child focused information, and the development of regular OCA e-newsletters. OCA also regularly disseminates public health alerts on the OCA website. Please visit http://www.ct.gov/oca/ for further information.

PARTNERSHIPS: COMMITTEES, TAKS FORCES, AND WORKING GROUPS

An important part of the work of the OCA is to work collaboratively with community, public agencies, and private partners regarding critical issues confronting children. OCA sits on many statewide initiatives that promote activities related to areas of public policy, prevention, and the overall best interest of the children.

OCA maintains an active role on:

- Statewide Suicide Advisory Board
- Child Poverty and Prevention Council
- Domestic Violence Fatality Review Board
- CT Teen Driving Safety Partnership
- Statewide Injury Community Planning Group
- Department of Correction Institutional-Based Infant Nursery Feasibility Committee
- Office of Governmental Accountability Commission
- Family Support Council
- Governor's Task Force on Justice for Abused Children
- Trafficking in Persons Council
- CT Behavioral Health Partnership Oversight Council and BHPOC subcommittee on Quality Access
- Department of Developmental Services Children's Services Committee
- Department of Children and Families /Judicial Branch Juvenile Justice Joint Strategic Plan Executive Implementation Team
- Commission on Racial and Ethnic Disparity in the Criminal Justice System
- CT Juvenile Justice Alliance Advisory Committee
- CT Keep the Promise Coalition/Children's Committee
- Board Member, National Center for the Review and Prevention of Child Deaths
- Children's Results Based Accountability Report Card Working Group
- Department of Developmental Services Autism Spectrum Disorder Service Delivery Implementation Subcommittee
- Department of Motor Vehicles Commissioner's Advisory Committee
- Interagency Restraint & Seclusion Prevention Steering Committee
- Garrett Lee Smith Advisory Committee
- Results Based Accountability Kids Count Report Card Sub-committee

OCA Advisory Committee

- *Senate Pro Tempore appointment: Shelley Geballe*
- *Speaker of the House appointment: Rudolph Brooks*
- *Majority Leader of the Senate appointment: Joel Rudikoff*
- *Minority Leader of Senate appointment: Catherine Cook*
- *Minority Leader of the House appointment: John Fenton*
- *Governor's appointment: Jeanne Milstein*
- *Majority Leader of the House: Vacant*

OFFICE OF THE CHILD ADVOCATE
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THE VISION

To be the child's advocate, we shall…

- Engage at all levels
- Stimulate dialogue
- Enable others to act
  Challenge the process
- Speak up
- Shine the light on care and treatment

To be the Ombudsman for children, we will…

- Respond to concerns
- Call for change when systems fail
- Promote fair and responsible treatment and practices
- Hold systems accountable
- Focus on the best interest of the child

To be the voice of the child, we know...

- Every child has value
- Every child is entitled to nurturance
- Every child needs support
- Every child needs encouragement
- Every child needs a family
- Every child has a future