



Taking Action on Behalf of Children

2006 – 2007 Annual Report

**State of Connecticut
The Office of The Child Advocate
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I. Introduction

“Oversee the protection and care of children and advocate for their well-being.” - The Mission of The Office of The Child Advocate

The Office of the Child Advocate (OCA) works to ensure the well being of all of Connecticut’s children. The OCA helps children obtain the health, education, and other services they need, and oversee the protection of children who are the victims of abuse or neglect.

The OCA helps or provides assistance to children who have no other place to turn. From assisting individual children and families to promoting systemic and legislative change, the OCA does whatever it takes to make positive changes in the lives of children who need it the most. The OCA makes a difference in the lives of children in three ways:

Advocate for Children	Serve as Ombudsman for Children	Conduct Fatality Review
<ul style="list-style-type: none">▪ Engage at all levels▪ Stimulate dialogue▪ Enable others to act▪ Challenge the process▪ Speak up▪ Shine the light on care and treatment	<ul style="list-style-type: none">▪ Respond to concerns▪ Call for change when systems fail▪ Promote fair and responsible treatment and practice▪ Focus on the best interest of the child	<ul style="list-style-type: none">▪ Investigate and report on all unexpected and unexplained child fatalities.▪ Hold systems and agencies accountable▪ Improve systems to prevent more deaths

The Office of The Child Advocate is the voice of Connecticut’s unheard children:

- Every child matters
- Every child is entitled to nurturance
- Every child needs support
- Every child needs encouragement
- Every child needs a “family”
- Every child has potential
- Every child has a future

II. Responding to The Needs of Children

Connecticut residents are the eyes and ears of the Office of the Child Advocate. Inquiries from citizens often serve as an early warning signal that a child or group of children need assistance or advisory services. The office acts on individual inquiries and steps back to review inquiries for broad systemic trends that can help focus OCA's advocacy efforts and establish priorities for future work.

Connecticut residents contact the Office of the Child Advocate for three reasons:

- To seek referrals or information about services or programs for children
- To better understand the rights of children
- To express concern or lodge a complaint about state agencies and entities that receive state money to provide services to children

Between July 1, 2006 and June 30, 2007, OCA received over 1100 calls¹ from citizens. Approximately 300 of those inquiries were requests for general information or referrals, and were handled immediately without the need for staff follow-up. The remaining nearly 800 inquiries were sent to a professional member of the OCA staff for follow-up. Eighty-eight percent of those 800 inquiries were resolved by providing the citizen with information about the agencies involved. This reduction in large part has to do with an increase in ombudsman services in various other state agencies.

The remaining inquiries were investigated by a member of the OCA staff. Overall, this past fiscal year the OCA increased the efficiency of its intake process, reducing the number of cases requiring investigations from 24% to less than 10%. This reduction in large part has to do with an improved Ombudsman capacity in various other state agencies.

The 10 Primary Ways OCA Acts on Behalf of Children:

1. **Evaluate** the delivery of service to children by state agencies and entities that use state funds to provide services to children
2. **Review procedures** established by any state agency regarding the delivery of services to children
3. **Review complaints** concerning any agency providing services to children or any entity that uses state funds to provide services
4. **Investigate** those complaints where it appears that the Child Advocate may be able to assist the child or family
5. **Review facilities and procedures** of institutions or residences where children are placed by any agency or department
6. **Recommend changes** in state policies concerning children including changes in systems providing juvenile justice, child care, foster care or treatment
7. **Take all possible action** to secure and ensure the legal, civil and special rights of all children

¹ These numbers are approximate. OCA tracks ombudsman activity. The data-reporting functions of this database, however, are in need of repair. This resource issue was reported in OCA's 2005 annual report, but has yet to be addressed due to fiscal limitations.

8. **Provide training** and technical assistance to attorneys and guardians representing children in court proceedings
9. **Recommend changes** in the policies, procedures, or placement of special needs children in foster care or permanent care facilities.
10. **Serve** on the state Child Fatality Review Panel

III. Key Accomplishments

Key OCA accomplishments in 2006 / 2007 include the following:

- Participated on the Connecticut Department of Correction (DOC) Multi-agency Working Group on Youth (MAWGY), which released a report that included recommendations for reform and next steps regarding DOC policies and practices related to youthful offenders (under 18 years old).
- Conducted focus groups and began discussions with DCF, DOC and the UCONN Correctional Managed Health Care program to better understand and address the needs and experiences of female adolescents in York Correctional Institution, an adult prison, with the goal of developing gender-specific, trauma-informed services.
- Convened the Child Advocate's Summit on Children with Disabilities in September 2006, comprised of a broad and inclusive coalition of partners seeking ways to conserve state resources while improving access to care and the quality of life for children with disabilities and chronic medical conditions.
- Played an important role in fully funding 200 slots for the Katie Beckett Waiver.
- Helped ensure that a monitor was placed at Riverview Hospital to oversee implementation of recommendations.
- Communicated citizen concerns regarding the Title V Children with Special Health Care Needs Program to the Commissioner of DPH.
- Launched a teen dating violence prevention initiative.
- Intervened in the W.R. lawsuit, which has since settled, resulting in an increase of more than \$10 million to build the state's capacity to provide services for mentally ill youth in state care.
- Spearheaded efforts to focus attention on the importance of effective transition planning and implementation
- Actively participated in planning for a smooth and complete transition of the juvenile justice system as it relates to the change in the age at which youth are considered juveniles (January 1, 2010).
- Reviewed all unexpected or unexplained child fatalities via the Child Fatality Review Panel (CFRP), providing information about health and fatality risks to children, offering an opportunity to examine the effectiveness of state agencies and community programs as child welfare safety nets, and inspiring advocacy for systems improvement and prevention strategies.

"When we change the circumstances of a child's life, we change that child's life for the better."

- Jeanne Milstein
- Child Advocate

IV. Initiatives

Boys and Girls Involved with the Juvenile or Adult Correctional System

Background:

In response to a youth suicide at the Manson Youth Institution in the spring of 2005, the Commissioner of the Department of Correction (DOC) convened a multi-public agency working group to review the policies and practices of the DOC related to youthful offenders (under 18). This multi-public agency group, now known as the Connecticut Multi-agency Working Group on Youth (MAWGY), included a wide variety of state agencies.

MAWGY formed subcommittees to review DOC policies and practices in the areas of operations, programs, mental and medical health, interagency collaboration and re-entry services. OCA participated in each of the subcommittees.

Outcomes / Conclusions:

Through its participation on the MAWGY subcommittees, the OCA concluded that the DOC administration is committed to improving its programs and facilities to better serve its adolescent population.

In 2006, the group released a report that included recommendations for reform and enhancements in operations, programs, mental and medical health, interagency collaboration and re-entry services.

Ongoing Concerns / Next Steps:

MAWGY continues to meet quarterly at the request of the DOC administration to monitor the implementation of recommended improvements. The OCA continues to participate in the MAWGY subcommittees and will play an active role in the monitoring process.

"Our obligation as members of the community and nation include caring about the next generation. If we care about our own children, we need to care about all children because all will be citizens of this country."

*Bernice Weissbourd
Founder, Family Support
America*

Services for Girls in Juvenile and Adult Justice Systems

Background:

Long Lane School for girls closed in February 2003 with the expectation that more appropriate alternatives for serving the needs of adjudicated girls would be developed. In 2006, that expectation had not been met. Despite an increased awareness and understanding of the impact of trauma on youth and the importance of developing gender-specific services and supports, the majority of services available to adjudicated girls were neither gender-specific nor trauma-informed. Furthermore, adjudicated females were and continue to be incarcerated at York Correctional Institution, an adult prison.

Outcomes / Conclusions:

The OCA convened focus groups among incarcerated youth to better understand the needs and experiences of female adolescents at York Correctional Institution. OCA broadened its understanding of the needs and experiences of this population through a series of meetings with representatives from DCF, DOC and the University of Connecticut Correctional Managed Health Care program.

In collaboration with these other agencies, OCA's work has led to incremental positive changes in the lives of the girls at York. The OCA staff makes frequent site visits to observe the girls' daily lives, including visits to 2 North and to girls housed in segregation, protective custody and the medical and mental health units. OCA staff met regularly with the Warden and Deputy Warden, as well as with school, medical and mental health staff. OCA continues to share its observations with the DOC Commissioner. The OCA is very encouraged by the commitment demonstrated by the DOC administration and plans to continue oversight and advocacy.

"It is children who are the hope for mankind."
- Marian Wright Edelman
- Founder, Children's Defense Fund

Ongoing Concerns / Next Steps:

The OCA continues to be very concerned about the lack of appropriate services and supports available to adjudicated girls. Although some progress has been made, none of the DCF supported programs serving girls have met expectations, and none of the newly implemented training regimens have had an impact on service and program reform.

The OCA continues to be very concerned about the significant increase in the number of girls involved with the adult criminal justice system. In the coming year, the OCA will continue to advocate for substantive reform in services and programs for adjudicated girls.

Children with Disabilities and Complex Medical Conditions

Background:

Families who have children with disabilities or complex medical conditions often face considerable challenges accessing essential community-based care and support for their children. In some cases, families cannot afford appropriate care. In other cases, appropriate care is not available. In too many cases, a child who belongs at home with his or her family is institutionalized.

Outcomes / Conclusions:

Connecticut's children with disabilities need more flexibility accessing care and more financial support beyond existing insurance coverage. Connecticut's taxpayers need to know that OCA is committed to advocate not only for expanded and enhanced services for children with disabilities, but that public dollars be spent efficiently.

The OCA convened "The Child Advocate's Summit on Children with Disabilities" in September, 2006. A broad and inclusive coalition of partners emerged from this summit to explore options for optimizing resources, improving access to care, and enhancing the quality of life for children with disabilities and chronic medical conditions. Together, OCA and its partners accomplished the following in 2006 / 2007:

- Increased to 200 slots for the Katie Beckett Waiver, providing Medicaid coverage based upon service needs, regardless of family income.
- Obtained funding for the Connecticut Women's Education and Legal Fund to examine the barriers to childcare centers.
- Collaborated on developing a focused legislative and broad policy agenda.
- Engaged in initial conversations about workforce development for this population.
- Published *Children with Special Health Care Needs: A Plan of Action*, summarizing the "Children with Disabilities" summit.
- Commissioned a study by the Yale School of Public Health on alternatives for financing complex health care services.
- Participated in a national meeting to consider implementing a Medicaid Buy-In option through the Family Opportunity Act. Explored expansion of eligibility and benefits through a waiver to the Title 21 State Children's Health Insurance Program.

Ongoing Concerns / Next Steps:

OCA will continue to explore the possibility of expansion of eligibility for a Medicaid Buy-In option through a Title XXI waiver, or to seek buy-ins through the Family Opportunity

Act and other federally subsidized waivers and continue discussions on issues related to work-force development. OCA remains concerned about the Children with Special Health Care Needs program.

Title V Children with Special Health Care Needs Program

Background:

The OCA office received complaints throughout the year about the only state program specifically intended to serve children with complex medical conditions and developmental disabilities: the Title V Children with Special Health Care Needs Program. Complaints focused on lack of funding for services, inequitable distribution of services across the state, and lack of responsiveness on the part of the Department of Public Health that administers the program through the Federal Maternal Child Health Block Grant.

Outcomes / Conclusions:

OCA attended multiple meetings with the Department of Public Health Commissioner and staff to underscore citizen concerns regarding the Title V Program. At those meetings OCA expressed concerns about:

- Reduction in available program services.
- Inappropriate use of targeted funds for a broad population (target funds being transferred to a Medical Home Initiative and using funds meant specifically for children with special health care needs to improve care for all children).
- Lack of focus on the large population of children who receive their care from pediatric nurse practitioners.
- Poor communication between the program, contractors and families of enrolled children.

"It is easy to think of childhood as being a time of carefree innocence. Unfortunately, too many Connecticut children face childhoods marked by challenges."

*Jeanne Milstein
Child Advocate*

Ongoing Concerns / Next Steps:

OCA is optimistic that DPH has taken appropriate steps to address these and other related concerns. This optimism is reinforced by the fact that DPH has awarded a contract to manage funding for services, equipment, and respite services for caregivers of eligible children, and that information regarding funding for these services is available through the state Infoline.

The OCA will continue to monitor the roll-out of these new contracts and work toward ensuring that equitable services are made available to the maximum number of eligible Connecticut children.

Riverview Hospital

Background:

Riverview Hospital, operated by the Department of Children and Families, is the only public, freestanding children's psychiatric hospital in Connecticut. Riverview is an integral part of the children's mental health delivery system in Connecticut; yet access to this hospital is limited to children receiving services from DCF. In recent years, serious and entrenched problems within the facility were identified at Riverview.

"Children learn to care by experiencing good care. They come to know the blessings of gentleness, or sympathy, of patience and kindness, of support and backing first through the way in which they themselves are treated".
James L. Hymes, Ed.D.
Child Development and Education Specialist

Outcomes / Conclusions:

OCA, the DCF and the federal Court Monitor's office conducted a joint investigation into the problems at Riverview, resulting in the release of a series of recommendations. Based on those recommendations, Governor M. Jodi Rell directed DCF to fund a monitor for Riverview, housed at OCA. That monitor oversees implementation of the recommendations from the investigation and reports directly to the Child Advocate.

Ongoing Concerns / Next Steps:

OCA will continue to implement the recommendations and conduct ongoing program reviews to help create a better environment for the children and staff of Riverview Hospital.

Facility Investigation: Lake Grove at Durham

Background:

Since 1985, Lake Grove at Durham has been licensed by the Department of Child and Families (DCF) to provide residential treatment services to children with developmental disabilities, particularly cognitive disabilities. Since 2006, the Office of the Child Advocate and the Attorney General have been investigating concerns that DCF was not providing appropriate oversight to ensure the safety and well-being of these children.

Outcomes / Conclusions:

The investigation is ongoing and has uncovered significant, longstanding problems which we believe to be both systemic and recurrent based on previous facility investigations such as those at Haddam Hills and the Connecticut Juvenile Training School.

Ongoing Concerns / Next Steps:

The timely conclusion of this investigation has been hampered by staff resources and the voluminous evidence being examined. It is expected that the investigation will be concluded and a report issued within the next several months.

"Children who are facing a frightening situation have three fundamental concerns: Am I safe? Are you, the people who care for me, safe? How will this affect my daily life?"

Lawrence Kutner

Contributing Editor, Parenting Magazine

Teen Dating Violence Prevention Initiative

Background:

Nearly one in five Connecticut teens have been hit, slapped or physically hurt on purpose by their boyfriend or girlfriend.² Connecticut's rate of teen dating violence is above the national average.³ Teen girls are more likely to be victims of teen dating violence than teen boys. Two in five girls between the ages of 14 and 17 report knowing someone their age who has been hit or beaten by a boyfriend.⁴ Violent relationships in adolescence can have serious lifelong ramifications both for victims and perpetrators. Many victims of teen violence will continue to be abused, and will abuse others as adults. Victims are at high risk for substance abuse, eating disorders, risky sexual behavior, and even suicide.⁵

Outcomes / Conclusions:

In collaboration with Governor Rell's office, the OCA led an American Bar Association sponsored initiative to prevent teen dating violence in Connecticut. Working with the ABA, the focus of the OCA's efforts was to encourage schools to participate in awareness-raising events during Teen Dating Violence Awareness Week. Ultimately, the Connecticut team engaged more schools than any other state, culminating in a state-wide forum attended by over 300 students.

In addition, the OCA worked with the Institute for Community Research to oversee teens conducting primary research on teen violence across Connecticut. The research will tap into existing networks of people actively engaged in preventing and reducing teen dating violence.

"It's not always easy being a kid. We try to give children a chance for a change."

*Mickey Kramer
Associate Child Advocate*

Four communities participated in this research: Hartford, Windham, Guilford and Killingly. The youth researchers collected secondary data, interviewed youth and presented their findings at the State Capitol in June 2007.

Ongoing Concerns / Next Steps:

OCA will continue to lead awareness and educational activities related to teen dating violence, funded through a two-year, \$40,000 grant.

² Source: Center for Disease Control's Youth Risk Behavior Surveillance.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

Other Initiatives

W.R v. Dunbar, et al.

In 2002, a group of children and their parents filed a lawsuit against the DCF commissioner seeking home and community-based care for their children with mental illness and serious behavioral health issues. The families sought to have care delivered to their children in small, local settings instead of large in-state and out-of-state institutions or foster homes lacking adequate clinical supports. OCA was an intervener in this case.

In June 2007, the parties agreed to a settlement. The settlement included more than \$10 million to improve services for mentally ill youth in state care, including:

- Expanding and enhancing Emergency Mobile Psychiatric Services.
- Developing Individualized Community-Based Options to keep mentally ill children in the community (through therapeutically supported living, crisis supports, and related services).
- Hiring a consultant to oversee the implementation of the settlement.
- Creating individualized service plans for the named plaintiffs.
- Completing new community-based group homes for 173 mentally ill youth.

Transition Planning

The OCA spearheaded efforts to focus attention on the importance of effective transition planning and implementation as a key to helping young people entering adulthood realize their fullest potential. As a result of the OCA's work, DCF, DMHAS and DMR will likely be more vigilant in transitioning young adults to small state-funded group homes or independent living. DCF has agreed to identify affected youth earlier, conduct more effective assessments of individualized needs, and greatly improve communication among agencies, schools and service providers.

Support Raising the Age of Juvenile Delinquency Jurisdiction to Eighteen

For years, Connecticut was one of only three states that treated 16 and 17 year-old youth as adults for purposes of criminal prosecution. In 2006, the legislature created the Juvenile Jurisdiction Planning and Implementation Committee. This committee was charged with planning the transition of the juvenile justice system to one in which 16 and 17 year olds are treated as juveniles instead of adults in criminal matters. OCA will play an aggressive role in ensuring that DCF develops appropriate community based services for children in the juvenile justice system and to ensure that the Judicial Branch complies with the mandate to establish regional courts and staff to accommodate these youth in the juvenile court.

V. Child Fatality Review Panel

Under the chairmanship of the Child Advocate, the Child Fatality Review Panel (CFRP) reviews all unexpected or unexplained child fatalities. These reviews provide information about health and fatality risks to children. They also offer an opportunity to examine the effectiveness of state agencies and community programs as child welfare safety nets. The findings of child fatality review fuels advocacy for systems improvement and prevention strategies.

The CFRP is staffed by an Assistant Child Advocate who conducts the day-to-day work of the Panel, including:

- Screening all Medical Examiner reports of unexpected or unexplained deaths of children.
- Scanning news media for deaths not reported by the Medical Examiner.
- Investigating child deaths.
- Preparing reports of fatality reviews.
- Representing the Child Advocate at national, regional and state child death review committees.
- Partners with numerous agencies related to prevention initiatives.

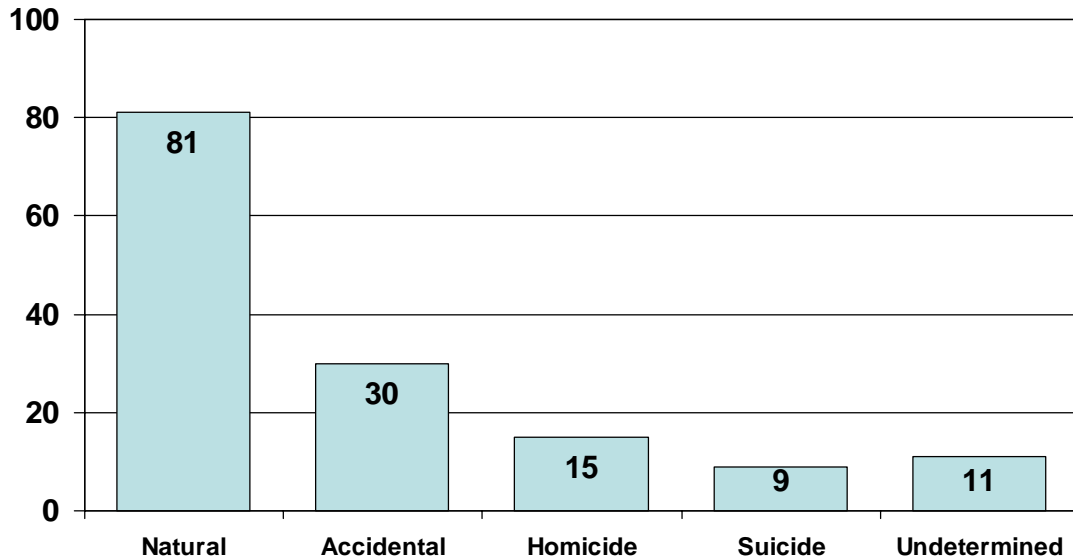
All child deaths reported to the OCA are reviewed, but thorough investigations are conducted only into those situations where state agencies or partially funded entities were involved and found to have provided inadequate care and protection. OCA reviewed 146 deaths in 2006 / 2007 (please see following page).

While some state agencies caring for children conduct their own fatality reviews, only the CFRP, under the authority of the Child Advocate, can review the life and death of a child in its entirety. Access to all information about the child and the services that child received provide a comprehensive picture of the circumstances of the child's life and death.

"Systems that are designed to provide support are often overwhelming or inaccessible to children and their families. Sometimes those systems fail altogether."
Jane Norgren
Child Development Specialist

146 Deaths Reviewed by Child Fatality Review Panel

Fiscal 2006 / 2007



- **30 Accidents**
 - 15 Motor Vehicle Related
 - 7 Drowning
 - 4 Accidental Asphyxia
 - 3 Drug Overdose
 - 1 Fall
- **15 Homicide**
 - 10 Gunshot
 - 2 Stabbing
 - 1 Drowning
 - 1 Head Trauma
 - 1 Blunt Force Trauma
- **11 Undetermined**
 - 7 Unexplained Sudden Infant Death (SUID)
 - 3 Undetermined Cause
 - 1 Hypoxic Encephalopathy
- **9 Suicide**
 - 7 Hanging
 - 1 Gunshot
 - 1 Drug Overdose
- **15 Natural Deaths**
 - 15 SIDS

VI. 2007 / 2008 Priorities

The Child Advocate's top priorities in 2007 / 2008 are to:

- Address the issues of young adults in transition.
- Implement the changes in juvenile jurisdiction.
- Advocate for children with special health care needs.
- Raise awareness of teen dating violence.
- Expand OCA's staff.

Young Adults in Transition

The OCA will monitor the quality and timeliness of transition planning for youth who are transitioning from DCF care into small group homes or independent apartments. OCA will also monitor the appropriateness, quality, and timeliness of the support services these young adults will be receiving through services from the Department of Mental Health and Addiction Services or the Department of Developmental Services in their new setting.

OCA will urge state agencies to fully embrace the responsibilities to children that they accepted in various interagency agreements, and are encouraged that DCF has offered assurances that efforts in this area will improve.

Juvenile Jurisdiction

The OCA will continue to be involved in efforts to implement Public Act 07-04, which will raise the age of jurisdiction for juvenile delinquency cases to 18 years old. The OCA will be actively involved in the Juvenile Jurisdiction Policy and Operations Coordinating Council,⁶ ensuring that the mandated expansion has occurred and that appropriate services are in place when the change occurs in 2010.

Teen Dating Violence

Teen dating violence continues to be a priority for the OCA. In the 2007 / 2008 fiscal year, the Office will develop and implement a public awareness campaign aimed at preventing teen dating violence.

⁶ See Public Act 07-04, Sec. 88 (2007).

Expansion of Staff

The Office of the Child Advocate continues to be concerned for the safety and well being of Connecticut's children. The OCA will be vigilant in seeking quality assessments, evaluations, and services, in securing placements that are appropriate, in establishing greater accountability for agencies that service children, and for helping all children in Connecticut reach their full potential.

Without additional resources, aspects of the statutory mandate of OCA cannot be achieved.

Office of the Child Advocate Staff 2006-2007

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