STATE OF CONNECTICUT
OFFICE OF THE CHILD ADVOCATE
999 Asylum Avenue, Hartford, Connecticut 06105

Jeanne Milstein
Child Advocate

April 30, 2008

Susan Hamilton
Commissioner
Department of Children and Families
505 Hudson St.
Hartford, CT 06106

Dear Commissioner Hamilton,

The Office of the Child Advocate has completed its third quarter (January-March, 2008) of monitoring progress at Riverview Hospital as DCF and the Hospital respond to recommendations for improvement contained in several 2006 reports. These include the draft David B. report (March 27, 2006), the Riverview Hospital for Children and Youth Program Review (December 1, 2006), and Supplementary Recommendations (December 11, 2006) from the Office of the Child Advocate.

As a result of the seriousness and scope of recommendations contained in these reports, formal monitoring activity was implemented at Riverview in June of 2007 and will continue through June of 2009. The monitoring process is a mechanism for ensuring that concerns and recommendations made in all three reports are adequately addressed. Observations made during the process are shared with the administration of Riverview.

Quarterly progress summaries from the Office of the Child Advocate will be generated throughout the July, 2007-June, 2009 period. Each summary discusses strengths and areas of significant concern identified during the monitoring process, as well as progress relative to report recommendations and goals within the Hospital's Strategic Plan.

Riverview Hospital Strengths
Hospital management and staff continue to work hard to implement the goals outlined in their two-year plan. The Strategic Plan Implementation Committee meets monthly to review goals, communicate with patient care units; and participate in the development of new procedures, surveys, and data elements. Meetings have attendance of approximately 20 people and focus on moving the Hospital and its staff toward a less restrictive and more clinically focused environment. Third quarter meetings are summarized below:

January 2008:
The Implementation Committee reviewed the staff and child satisfaction survey process and made plans to follow-up on last quarter's survey results. Members prioritized areas for improvement and action steps for the coming quarter. Areas include consistent unit-based staffing, discharge delays, patterns in restraint and seclusion use, discipline forums, and how foundations laid during the last several months will lead to decreased use of restrictive measures and increased use of best practice approaches. The Committee received a report by the Family Involvement and Education Sub-committee.

February 2008:
The Risk Assessment Subcommittee completed discussion and approval of a revised risk assessment form. There was in-depth discussion about the ABCD (Autonomy, Belonging, Competency, and Doing for others) milieu program, for which revisions have been completed. Applications for staff trainers for ABCD are being accepted and a decision

was made to develop a curriculum and offer training to the Implementation Committee first. The Committee reviewed data regarding participation in treatment planning and decided to establish a sub-group to explore why so few children participate. The Hospital-wide Schedule Sub-committee presented a draft template for organizing meeting schedules, which would reduce scheduling conflicts and enable more people to participate in meetings. A summary of staff survey results was distributed to staff. The Trauma Reduction Sub-committee discussed the Hospital's history of efforts to reduce restrictive interventions, staff attitudes and beliefs about their roles, leadership around restraint reduction efforts, and core elements/values associated with preventing restraint and seclusion.

March 2008:
The Implementation Committee received a "Checklist for Assessing Your Organization's Readiness for Reducing Restraint and Seclusion. Included in this was a staff survey, which Committee members were asked to give to one or two staff members on each patient care unit. The response to the proposed template for scheduling meetings was discussed and received positively. The template will be distributed Hospital-wide for comment. There was discussion regarding staff member survey results and the identified primary concern of a lack of respect and value for staff contributions in the Hospital. Management is seeking more specific feedback and will issue the next quarterly survey with more in-depth questions about this area of concern. The Trauma Reduction Sub-committee focused on quality components in the restraint and seclusion process, staff response to use of restrictive interventions, and current use of review tools for restrictive measures,

Further Strengths Noted during the Quarter:
The administration continued its intensive effort to communicate with and involve staff in all areas of improvement. Regular all-staff meetings with the Superintendent were held as scheduled, staff survey results were reviewed, staff members are encouraged to voice opinions and openly communicate their ideas and concerns, differences of opinion are well-tolerated, there is a focus on reaching resolution, and staff appears to be comfortable with the accessibility and openness of the Superintendent and Executive Committee.

There is a clear, Hospital-wide goal to act on the need to reduce aggressive behavior in all of its forms (assault, restraint and seclusion) within the Hospital environment. Much remains to be done in the areas of continued education, coordination of efforts, and improved supervision of staff. If successful, however, these efforts will lead to a safer environment for patients and staff, enhance the therapeutic value of a stay at Riverview, and reduce the potential for additional trauma.

There has been an increasing emphasis on staff training and development. Staff is receiving required refresher training and a variety of other training opportunities have been available. Approximately twenty nurses, from all shifts and including two nurses form High Meadows, have attended a multi-day educational series on "Psychiatric Mental Health Nursing in the Milieu," facilitated by a consulting Advance Practice Registered Nurse. Training is progressing well for "Dialectical Behavioral Therapy" (DBT, which is a modification of Cognitive Behavioral Therapy). Several internal Hospital DBT consultation teams have completed their DBT training and are ready to receive referrals for patients who would benefit from a DBT approach. The Hospital has offered "Creating Violence Free and Coercion free Mental Health Treatment Environments for the Prevention of Seclusion and Restraint" twice and this will be repeated for a third time in April to ensure that all staff have access to this learning. Supervisors and managers completed a follow-up training during the quarter with the same consultant/trainer about "Developing a Best Practice Framework for Implementing Strength-based and Trauma Informed Care Approaches."

Progress on Areas of Significant Concern

The Need for Physician's Orders: The Hospital should take visible steps to clarify that treatment plans do not replace the need for physicians' orders.

Progress: There have been no further identified situations in which physician orders were absent when required by procedure. There has been no documentation of training in this area, but there has been verbal discussion of the issue in various meetings. OCA will monitor compliance in this area during remaining quarters.

The Definition of Seclusion: The Hospital utilizes room restriction as a means to ensure safety. At times, restriction to one's room has been for many hours over the course of several days or weeks. It has been observed that in at least one patient care situation, room restriction met the definition of seclusion.

Progress: There have been no further identified situations in which improper definition/documentation of seclusion was present. There has been no documentation of training in this area, but there has been verbal discussion of this issue in various meetings. OCA will monitor compliance in this area during remaining quarters.

Use of Restraint and Seclusion: The Centers for Medicare and Medicaid Services (CMS), within the Hospital Conditions of Participation, state that "the patient has the right to receive care in a safe setting" and the "the patient has the right to be free from all forms of abuse or harassment". Additionally, "restraint and seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, staff member, or others from harm".

Progress: This continues to be the most challenging and important area of improvement for Hospital leadership and staff. The safety of children, and concern that they not be harmed during their stay at the Hospital, is the first priority for everyone providing care. Hospital leadership in this area, including management, the Implementation Committee, and the Trauma Reduction Sub-Committee, is actively engaged in training, review of historical and current restraint reduction efforts, discussion of Hospital culture and staff roles, and sharing of ideas relative to prevention of the use of restrictive interventions.

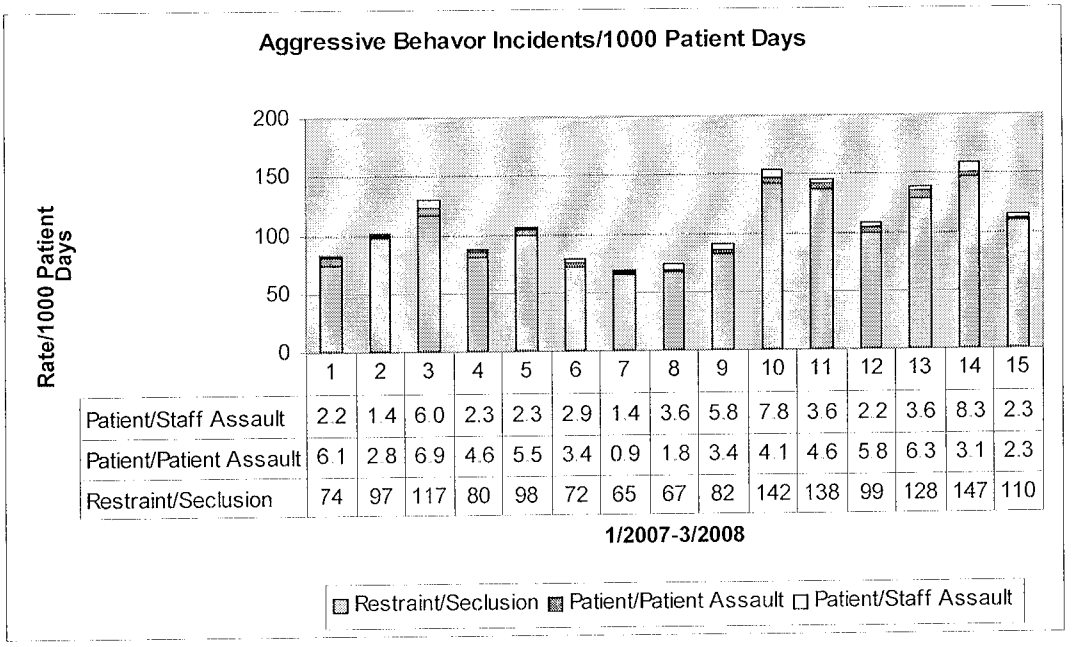
The Hospital continues to have the staffing resources it needs to accomplish improvement in this area of concern. There is also recognition among multiple levels of staff that the culture of the Hospital needs to move from one of control and rules to one of coaching and empowerment. A strong focus on staff training has been very helpful, as has increased visibility and focus around these issues via the Implementation Committee and the Trauma Reduction Sub-committee. The Hospital's training consultant will be meeting with these committees in April to develop specific next steps for each of the core values impacting on staff use of restrictive interventions. This process, along with initiatives to develop more effective milieu and best practice approaches, and planned improvements in staff supervision, will help staff move the Hospital toward a more effective and coercion free therapeutic environment.

As these positive developments have taken place during the January-March, 2008 quarter, the OCA has also raised further concerns related to use of restraint and seclusion. The first is that these interventions may be initiated by a CSW (children's service worker) without authorization from a nurse on the unit. On at least one occasion, a CSW described in a meeting how he had initiated a physical hold, in a non-emergency situation, without seeking the authorization to do so from a nurse. This is not acceptable practice. The second concern involves the requirement that a physician assess a child within one hour of the initiation of restraint or seclusion. A review of medical records showed that a physician signature indicating an assessment was present. However, a medical record note to document the assessment and reasons for ordering/continuing restraint or seclusion was sometimes absent. Hospital administration has indicated that it does not require such a note and that the high rate of restrictive interventions makes it difficult for physicians to document their assessments. The OCA questions the adequacy

of a procedure that permit s a signature as the only documentation of an assessment. Further, the OCA suggests that a fully participatory physician role would lead to greater accountability and fewer restrictive measures over time. The OCA therefore recommends that the Hospital re-evaluate: 1. the clarity of the nursing role in authorizing the use of restrictive interventions and 2. its procedures for physician participation and documentation during the restraint and seclusion process.

During the January- March, 2008 quarter, the rate of aggressive incidents in the Hospital continued to be at a greater than expected level. Included in these rates are a high number of restraints or seclusions for two patients with significant developmental disabilities receiving care in the Hospital. While Riverview does not consider itself to be an adequate treatment resource over the long term for youth with significant developmental disabilities, the reality is that the Hospital is serving these children and stabilizing their symptoms/behaviors. A number of Hospital staff have recognized a need to more effectively plan for the care of youngsters with autism and are working to add improved staff skills sets and more effective treatment plans specific to this need. The Hospital has provided specialized training to three staff members in Applied Behavioral Analysis, a method for analyzing interactions between behavior and the environment and teaching alternative pro-social behaviors as replacements for self-injurious, ritualistic, repetitive, aggressive or disruptive behaviors. The OCA encourages DCF, Riverview administration and Hospital staff to strengthen and enhance efforts to develop staff skills in working with children with autism and pervasive developmental disorders.

As noted in the graph on the next page (based on data provided by Riverview to the Hospital's Joint Commission-required data base), the highest rate of incidents involving staff/patient physical contact continues to be restraint and seclusion related. Rates of patient/patient assault and patient/staff assault are much lower, with patient/staff assault continuing to be the lowest over time.



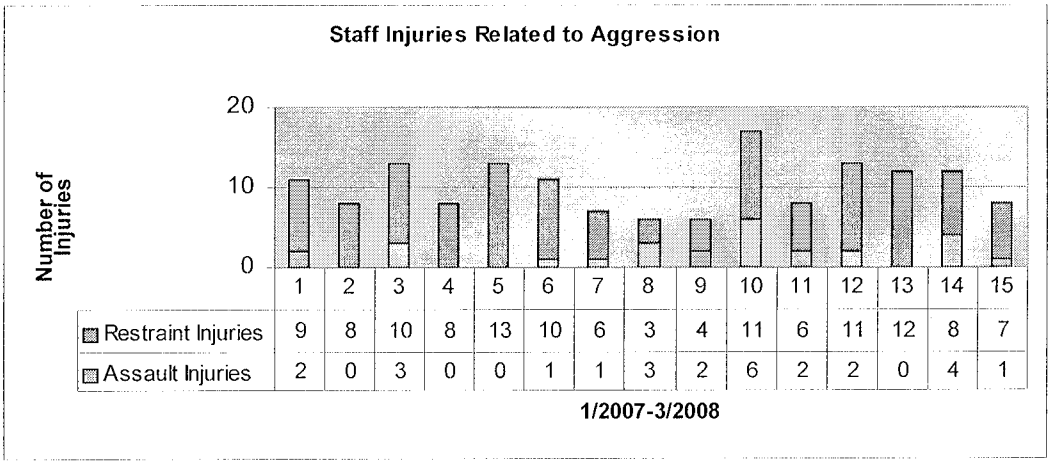
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Patient/Staff Assault	2.2	1.4	6.0	2.3	2.3	2.9	1.4	3.6	5.8	7.8	3.6	2.2	3.6	8.3	2.3
Patient/Patient Assault	6.1	2.8	6.9	4.6	5.5	3.4	0.9	1.8	3.4	4.1	4.6	5.8	6.3	3.1	2.3
Restraint/Seclusion	74	97	117	80	98	72	65	67	82	142	138	99	128	147	110

While there is no clear trend line showing that use of restrictive interventions is moving downward, the Hospital is taking issues related to the use of these interventions seriously and continues to move forward along multiple avenues with addressing this area of concern. Leadership is clear in communicating that the use of restraint and seclusion is not therapeutic and puts both children and staff at risk for physical and psychological harm.

Initiatives to bring patient and family perspectives on the use of restraint and seclusion into the planning process should be increased during the coming months. During this last quarter, the Hospital has increased its efforts to talk with patients in an organized way via the Patient Council. These efforts have focused on responding both to the individual concerns of children and to the Council as an organized and representative patient group in the Hospital. This would be a natural forum for obtaining input and feedback from children regarding the use of restrictive interventions at the Hospital.

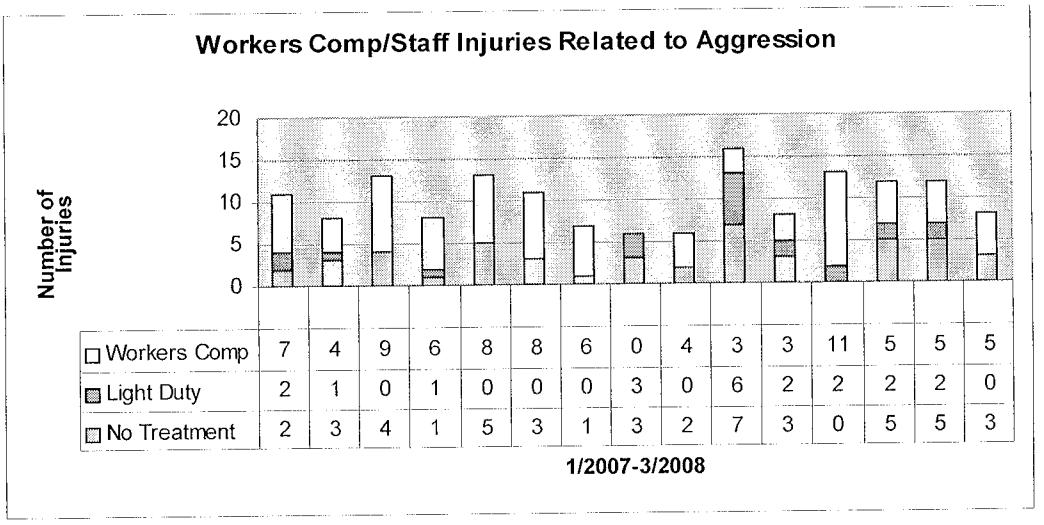
The OCA continues to be concerned that the Hospital utilizes two models of de-escalation and intervention (TACE and the Mandt System) and to recommend that only one model be used. There is an apparent proportional increase in the preferred use of Mandt for de-escalation and physical intervention (standing rather than prone holds) and this is a positive development.. As noted in previous quarterly summaries, the OCA has recommended that Riverview and DCF follow the national trend away from use of prone holds due to the risk of injury associated with their use. The Medical Director has expressed his intention to focus on reducing or eliminating use of restraint beds and prone holds. If this focus is effective and these types of interventions are ultimately discontinued, it will show very solid progress for the Hospital.

Staff Injuries Related to Aggression:
The great majority of staff injuries related to aggressive behavior continues to take place during the restraint process. As can be seen from the chart on the next page, there is no clear trend line showing that the staff injury events are declining. However, the Hospital's seriousness in dealing with issues related to the use of these interventions should impact positively on staff injury rates over time.



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Restraint Injuries	9	8	10	8	13	10	6	3	4	11	6	11	12	8	7
Assault Injuries	2	0	3	0	0	1	1	3	2	6	2	2	0	4	1

The graph below summarizes the worker's compensation response/level relative to these staff injuries.



Patient Injuries related to aggression:
The OCA has completed a review of data (provided by the Hospital) regarding injuries to children resulting from either the restraint process or "acting out" behaviors. During calendar year 2007, there were 57 such injuries to children at Riverview, four of which resulted in visits to the local Emergency Department. Of these visits, three were for evaluation of possible hand fractures and one of the three was positive for a fractured finger. The fourth ED visit was to treat a laceration. During the January – March period of 2008, there were 27 such injuries to children. One involved an Emergency Department visit to evaluate for a possible fracture, with a negative result. Injuries that did not involve emergency care were generally small cuts, bruises, or red areas. While these were not medically significant, they potentially had a negative impact on children's sense of safety and security within the Hospital environment. Additionally, the youngest children are more prone to injury, a cause for concern and another reason for moving the Hospital toward preventing the use of restraint and seclusion. Injuries to younger children resulted from their limbs or heads bumping the floor during prone holds, or from staff holding limbs too tightly, resulting in bruised or red areas.

During calendar 2007, 67% of these child injuries were an outcome of the restraint process itself and 33% were due to other types of "acting out" (punching walls, one child hitting another, punching furniture, etc). During the first three months of 2008, while the trend in number of injuries year-to-date is higher than in the 2007, 48% were an outcome of the restraint process and 52% were due to other types of acting out. While it would be a more positive outcome for aggression-related injuries to patients to decline, it is hoped that the beginning trend of a smaller percentage related to restraint will continue and accelerate.

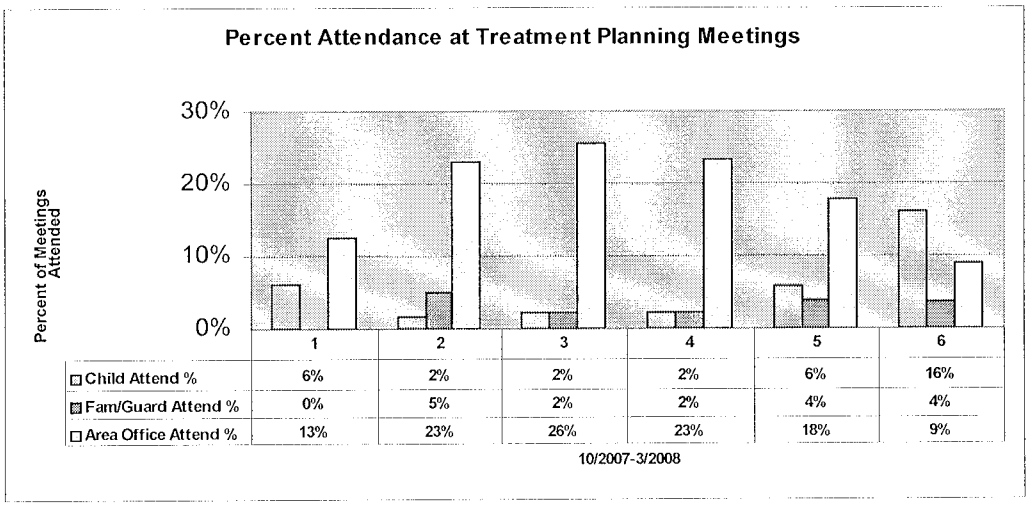
Treatment Planning, Including Transition Planning/Opportunities for 17-year-old Youth at Riverview: The Program Review Report of 2006 contained a number of concerns and recommendations about the treatment planning process at Riverview and within DCF. Additionally, the consultants who had been active in leading staff performance improvement groups in response to recommendations within the David B. Report had focused on improving integration and coordination aspects of the treatment planning process, both across disciplines within the Hospital and with families/caregivers, area offices, DCF Central Office, community providers and other involved parties.

Progress: The first two OCA quarterly summaries focused primarily on issues related to treatment planning for 17year-old youth at Riverview who have complex behavioral problems or significant histories of aggressive behavior. These issues remain an area of

great concern. Additionally, the Hospital has collected data for the last six months related to participation in treatment planning meetings. While there may be future adjustments in the method for collecting this data, current measures point to a significant lack of integration and coordination around the needs of children at Riverview.

The child's psychiatrist and clinician are facilitators for the planning process and are generally present for treatment planning meetings. Other staff members attend the meeting also and there are efforts to ensure that nurses and children's service workers, as well as rehabilitation and school staff, participate. For the purpose of beginning to review this area of concern, however, the OCA has focused first on participation of the people most impacted by treatment planning – the child who is being cared for and the child's family or guardian. There have also been long-term concerns about the integration of DCF area office staff in ensuring that planning is effective, resources are in place, and children are transitioned in a timely and effective way. The OCA is therefore currently reviewing child, family/guardian and area office participation in planning meetings.

As can be seen from the chart below, participation of the child and family/guardian has been minimal.



In response to this data, Hospital administration is emphasizing the expectation that children participate in their own treatment planning unless there is a documented reason for their inability to do so. The level of participation for children has increased over the course of the quarter and this is a positive. As a next step, the Implementation Committee will form a working group to look at why children are so often absent from the process. Participation of the child's family or guardian is also lacking and there has been no improvement in that measure over the course of the last six months. Family/guardian participation of 5% or less is not acceptable and the Hospital will need to focus on ways to engage family members. Finally, area office participation in the treatment planning process has been under 30% since the beginning of October and, while there was some progress in increasing this participation level during the October-December, 2007 quarter, that number has steadily declined again during the January-March, 2008 quarter.

This first six months of data highlights an ongoing concern that basic planning processes for children at Riverview don't effectively coordinate the people and resources needed for treating and then transitioning children, particularly children for whom DCF is the guardian.

In addition, the OCA is seeing persistent recommendations for out-of-state placements as necessary for children with the most complex behavioral health and/or developmental

disorders. This is particularly the case for older children and the Office of the Child Advocate is very concerned about this trend. It is difficult to understand why Connecticut has been unable, over a period of years, to develop resources within the state for children with significant needs. These are, for the most part, children who are under the guardianship of DCF and they are certainly known to the system of care.

Finally, the treatment planning processes for older youth in general, whether placements are planned for out-of-state or in Connecticut, continue to encounter the multiple barriers outlined in previous reports. Of particular concern is a lack of timely planning so that next steps are available when children no longer need a Hospital level of care. While the DCF central office, area office, the ASO, and Riverview hold a number and variety of discharge planning meetings and case conferences, it is often unclear at the end of these meetings what the proposed time frames and action steps are for a given youth. During the course of OCA monitoring activity over the past nine months, there has been little apparent progress in addressing these issues and improving outcomes for children ready to leave the Hospital.

Documentation in the Medical Record:
During the monitoring process, the OCA has encouraged the Hospital to develop a more structured format for documenting staff interventions and patient progress. Management has acknowledged the need for improvement in providing good quality, legally defensible, and appropriate documentation.

Progress: The Hospital is taking steps to improve documentation of patient progress during treatment. A new structured format for progress notes regarding significant changes in patient status has been developed. This will require that staff specifically address their assessments and interventions, as well as children's responses to interventions. In addition, a more structured milieu note has been created and this will document day-to-day progress in relation to the child's treatment plan and functioning on the patient care unit. The new Emergency Safety Intervention Form is also being finalized. All three of these formats will be implemented together during the next quarter. The new Risk Assessment tool is about to be piloted on two units and will also be used in the care of any child referred to the Hospital's newly functioning internal DBT consultation teams. As these formats and processes are implemented over the next several months (along with the revised safety plans), the monitoring process will include a review of how well they integrate with one another and whether they result in improved documentation of care.

Additionally, Riverview is planning for a transition to an electronic medical record. Hospitals are required by the federal government to complete this process by 2011 and Riverview's first steps are underway. An RFP has been issued for development of a Riverview Hospital electronic record that will include all needed elements, including progress notes, clinical notes, physician's orders, etc.

Program Review (December 1, 2006): Recommendations and Riverview Hospital Progress
As there were some recommendations from previous quarters that were not fully completed, this report includes progress on key recommendations remaining from those periods as well as the recommendations/goals of the Program Review Report/Strategic Plan for January-March, 2008

Goals: Treatment/High Risk Interventions:
Remaining goals include: Hospital-wide reduction in aggressive incidents, particularly focused on preventing the use of restraint and seclusion; unit-based utilization of positive behavior support programs that are, to a maximum extent possible, free of coercion; and regular and effective risk and safety reviews of all children at Riverview.

Summary of Progress:
An in-depth discussion about restraint and seclusion is found in a previous section of this report. As noted in that discussion, the Hospital has committed itself to reducing the use of restraint and seclusion, is taking multiple steps in this direction, and continues to face many challenges in accomplishing this goal. The Implementation Committee, Trauma Reduction Sub-Committee, management, and medical staff are discussing the issues involved, focusing on training efforts, and working to develop concrete action steps for reducing these interventions.

The Hospital is also making renewed efforts to strengthen its internal Patient Advocate and Patient Council processes. The health of these processes is important to the strength of the Hospital's risk management focus and any effort to reduce high-risk interventions. The (staff) Legal and Ethics Committee is meeting and has recruited patient advocates (Riverview staff members who are interested in being advocates) for each patient care unit. The Committee is arranging motivational interviewing and mediation training for these advocates and is also working to better define and strengthen the Hospital's response to patient complaints. One of the co-chairs of this Committee is meeting regularly with the Patient Council, which is comprised of children from each of the patient care units. In addition, the Legal and Ethics Committee has asked a family member to be part of the Committee, which will bring a new perspective to the Hospital and the unit-based Patient Advocate process. Finally, the Hospital has proceeded with its plan for the Office of Protection and Advocacy for Persons with Disabilities to give an eight-week training session to older children about their rights as adults and resources available to them in the adult behavioral health system. The Office of P&A has met with the executive and management groups to discuss this and will be putting a program in place over the next several months.

Goals: Treatment /Planning
Remaining goals for the first two quarters include: convening a work group to review and revise treatment-planning procedures; involving residents in developing interventions and frequently reviewing progress; publishing expectations/thresholds for participation in treatment team meetings; and ensuring that rehabilitation, physical education, and dietary interventions are effectively addressed in treatment plans; making a determination on whether it is developmentally and clinically appropriate for a child to be involved in his/her treatment planning process; implementing child safety plans; and working on assessing potential for aggressive behavior. Third quarter (January -March, 2008) goals include: active participation of children in their treatment planning process; active participation, where appropriate, of families/caregivers in treatment planning; and more effective processes for obtaining consultation (both internal and external) for treatment teams as they plan care.

Summary of Progress:
An in-depth discussion about treatment planning is found in a previous section of this report. There is much work to be done to bring together people and resources to ensure that children have in-state options for continuing support and care when they no longer need inpatient treatment.

The Hospital has made positive efforts to utilize consultants to offer suggestions when a child's treatment course or planning encounters barriers. Consultants from Yale and the IOL have worked with treatment teams regarding the needs of specific children during this past quarter.

Goals: Treatment/ Program
Remaining goals include identifying collaborations with local universities and providers regarding the development of new programs/best practices; enhancing family involvement via family activities such as family night, carnivals, and picnics at least once per quarter; creating educational forums for family members and other care givers once/quarter; describing two new or significantly modified programs or services available on each unit. Third quarter (January-March, 2008) goals include unit-based implementation of at least one evidence-based treatment program

that is trauma-informed and gender-specific, co-leadership of groups (by clinical and unit staff), and child engagement in local community and college-sponsored events as indicated.

Summary of Progress:
There continues to be a focus on identifying and building relationships with Yale, UCONN and other educational/provider institutions. During the next quarter, UCONN will present an all day workshop on autism. Riverview Hospital Medical Staff have received appointments to the UCONN Medical School faculty. The Hospital did not provide internships for social work or nursing students during the quarter, but is working on the possibility of having masters level social work students from Springfield College in the future. The OCA continues to recommend that the Hospital establish ongoing internship programs for masters' level social work and nursing students. This would benefit Riverview in that students bring information and perspective to the facilities in which they have placements, as well as contribute to the care of children served.

At the January Implementation Committee, the Family Involvement and Education Subcommittee reported on its activities and its goals for increased communication and engagement with families, identification of barriers to family involvement, development of methods for collecting and using data, creation of models for educational forums, use of parent surveys to inform planning, and development of a survey tool for caregivers to fill in upon completion of child passes.

The Hospital has initiated organizational best practice approaches rather than developing specific unit-based models. This is positive in that the potential for Hospital-wide collaboration around treatment approaches is increased. Dialectical Behavioral Therapy (DBT) training and consultation for staff has proceeded, the result being the creation of Hospital DBT consultation teams. Referral forms for consultation have been developed and the teams have started receiving referrals.

The ABCD (Autonomy, Belonging, Competency, and Doing for others) milieu program is also progressing, with revisions completed during the quarter. The Hospital views this as its value system, a guide for establishing therapeutic, supportive, and strengths-based interactions with children. The Superintendent and Director of Nurses met in March with ABCD trainers and previous developers of the ABCD program to discuss next steps. Applications for additional staff trainers are being accepted and a curriculum will be developed for an April start for the staff training program. Lead Child Service Workers are very involved in facilitating this effort.
As the Hospital moves forward with implementation of the ABCD milieu program, it will be focusing on the quality of interactions between staff and children. As noted earlier in this report, there is acknowledgement within all levels of staff that movement away from control and rules and toward coaching and empowerment is needed. The OCA during this past quarter noted that there is a greater police presence at the Hospital during recent months and has expressed concern to the administration about the role of the police. This increase in time on-site is a return to a previous level of availability and the administration views this as an effort to have police and children become more familiar and comfortable with each other. However, the Hospital has at times had the police respond to patient care units as a "show of force" to encourage children to regain control of their behavior and/or to intervene directly. While this is not a frequent occurrence, the OCA encourages the Hospital to continually review and revise the police role as Riverview moves away from an environment of control and toward an environment of coaching and empowerment.

A Patient Handbook has been developed and reviewed by members of the Patient Council, who have agreed that this will be helpful to children being admitted to Riverview. This will receive a final edit and be implemented. The Patient Council will re-evaluate the effectiveness of the handbook in the fall and give further feedback. Also, the Patient Council has met with the Superintendent to discuss issues and share information about patient survey results.

As noted earlier in this report, there is an increased focus on approaches to the care of youngsters who are receiving treatment at the Hospital and also have significant developmental disabilities. In addition to beginning staff training in Applied Behavioral Analysis, the Hospital received a proposal for a specialized school program for children with autism spectrum disorders (presented to the Program Operations management group). This would involve specialized teaching of basic skills and would follow an individualized school plan. Additionally, a group of staff is working to develop more effective Hospital-wide treatment approaches for this population of children.

In thinking further about specialized needs of children at Riverview, the staff has also had some discussion about the "doors" through which children come when they are admitted to the Hospital – the doors of behavioral health, juvenile justice, and developmental disabilities. This has been a more recent and welcome point of discussion in some of the committee meetings, with concern that the door a child comes through may impact on staff attitudes and expectations about treatment interventions. In previous sections of this summary, there has been discussion about the Hospital's development of treatment approaches for children with autism. The OCA is also concerned about children who may have pending charges when they are admitted to Riverview. There have been two instances very recently in which girls admitted to the Hospital have fairly quickly been transitioned to York Correctional Institution. These youngsters have then been moved to the York mental health unit. The OCA has requested that the Riverview administration meet with the administration at York to clarify the relationship between the two facilities, increase understanding of the roles of both Riverview and York in the care of youth with complex problems, and discuss problems in the transfer process itself.

Goals: Personnel
Remaining goals include: reducing the number of pulled staff by negotiating unit-based staffing structures with the union; clarifying expectations and ensuring strengths-based supervision at all levels; ensuring a supportive employee response immediately after a significant incident and evaluation of the impact on the unit and resources needed to support the unit; surveying of Hospital leadership, unit leadership, and Hospital staff to identify training needs. Third quarter (January -March, 2008) goals include: higher levels of staff participation in Hospital-wide staff meetings and quality committees and activities; provision of training opportunities to private providers, community care coordinators and area office staff; developing or improving forums for each discipline in order to focus more effectively on staff development and milieu programming; and developing and implementing strategies for more consistent staffing on the units,

Summary of Progress:
There has not been much progress on developing Hospital-wide processes for staff supervision. At this point, administration is looking into working with DCF Central Office to develop effective supervisor training programs. There has also been discussion about the need for more formal structures for supervision of all levels of staff and agreement that supervision needs to be both performance-based and supportive. The OCA encourages the Hospital to work very actively to create these structures during the next quarter. Staff is receiving training and the Hospital is focusing energy on changing its culture, but the cornerstone for these changes is effective supervision.

The "Assaulted Staff Action Program" (ASAP), an employee-led process for de-briefing and supporting staff members who have been involved in or witnessed aggressive or traumatic events, has progressed. Additionally, there is ongoing management commitment to increasing resources on patient care units when there is a significant incident or concern about safety. Staff has made positive comments about both ASAP and management support to employees.

A Training Needs survey for this year was distributed to staff in January 2008. Results have been tabulated and prioritized, with a summary sent to staff in March. The most frequently mentioned patient care-related topics were: Autism and Pervasive Developmental Disorder, Functional

Behavioral Analysis, Approaches to People with Paranoia, Medications/pharmacology with Risks and Benefits, Involuntary Administration of Medication Protocols, and Eating Disorders.

DCF and the Hospital are also planning for implementation of a "Learning Management System," a web-based electronic system for providing training to staff and tracking staff participation. This will make desktop computer learning accessible for staff and has the potential to increase the skill sets of all levels of staff.

The Hospital took steps during the quarter to revise the initial staff survey tool used in 2007 in order to obtain more detailed information about the primary area of staff concern noted in the first survey results. The revised survey has been distributed and administration hopes to learn more about why staff feels a lack of value and respect for their work.

Staff forums for each discipline are now functioning. The psychology, nursing, rehabilitation and clinician forums are operational. The Children's Service Worker forum had its first meeting during the quarter and efforts will be made to engage all three shifts in the process going forward.

Goals: Outcomes:
Remaining goals include: developing and implementing a monitoring plan and a method for reporting, internally and externally, on progress; publishing Hospital-wide and unit-specific data on outcomes on a quarterly basis. Third quarter (January -March, 2008) goals include: satisfaction surveys for children/families and area office staff on a quarterly basis.

Summary of Progress:
Central Office staff and the Hospital have developed, implemented and distributed two quarterly monitoring reports, though data elements remain missing and there has been minimal effort to review and revise the report as a vehicle for meaningfully tracking overall progress (quantitative). This therefore has remained an area of weakness. During January, however, the Riverview Advisory Committee received a presentation by the Assistant Superintendent about the Hospital's quality improvement program and data collection efforts. This was discussed further at subsequent meetings and the Advisory Board recommended that a "dashboard" approach to QI be used. This is a method for presenting important data quickly and concisely and making it available on staff computers on a daily basis. The Executive Committee will focus on identifying elements of the dashboard and relevant target performance numbers over the next quarter. It is positive that the QI area is being discussed in depth by the Hospital Advisory Committee and Executive Committee and a recent decision has been made by the Hospital more fully utilize and upgrade the Riverview site on the DCF Intranet. This is a very welcome development that would result in web-based desk-top access to a variety of reports and information, including the proposed "dashboard' of important data. There is active work in this area and progress will be reviewed within the next OCA quarterly report.

There is also an effort underway to increase attendance, particularly of non-management staff, in the QI standing committee process. OCA encourages the Hospital to also consider attendance or participation in other improvement processes as valid participation in improvement efforts.

Regarding results-based or outcome measurements, the Riverview Medical Staff Executive Committee has discussed using SIRS (Severity of Illness/Risk Profile) ratings, which are completed every two weeks by the clinical team, for looking at outcomes over time for individual children. Also, the new DBT Consultation Teams are planning to use the Ohio Scale for measuring progress. This is a nationally recognized instrument for measuring outcomes in the areas of problems, functioning, and satisfaction for youth (ages 5 to 18) who receive mental health services.

The Hospital Superintendent met with the Patient Council to discuss the results of the first child satisfaction survey administered last quarter. A follow-up survey, revised to be more child-friendly, was completed in March and will be discussed in the next quarter. The OCA encourages

the Hospital to develop methods for trending responses over time. This would be a visible way to determine whether issues and concerns identified by the children served at Riverview are resolved or improved.

Processes for surveying area office staff and families/guardians have not been fully developed to date.

Goals: Internal Communication/External Relationship-Building
Remaining goals include: conducting satisfaction surveys for staff, caregivers, patients; Riverview Advisory Board and Hospital leadership development of a plan for increasing the involvement of external partners; Riverview participation in the Children's Behavioral Health Advisory Council, Systems of Care and related committees.

Summary of Progress:
There is a continuing understanding that sharing information and receiving information is an important aspect of empowering both staff and patients. Hospital staff at all levels is engaged in discussion and resolution of issues. Multiple efforts are made to communicate information and these efforts are updated over time. The Hospital's goal of using the DCF intranet and web-based information exchange will be a welcome addition to communication flow.

Additionally, the Hospital has made efforts during the last quarter to talk in a more organized way with children served by the Hospital. This should be encouraged and expanded and the child perspective and experience brought more fully into the planning around reducing the use of restraint and seclusion.

The Riverview Advisory Committee met each of the three months during the quarter. The Committee reviewed the OCA quarterly report, discussed findings with the OCA monitor, and focused on areas of concern, including transition planning for children who are approaching 18 and may be entering the DMHAS system of care. There was ongoing discussion about community outreach and community partnerships. The Hospital has engaged in outreach to a number of service agencies in the Middletown area, seeking ways to establish partnerships. Staff has suggested possible ways for children and youth to be in the community more – through visiting programs for the elderly, seeking church affiliations for activities, participating in city recreation programs, and purchasing more memberships at the YMCA.

The Superintendent is meeting quarterly with CSSD, with current discussions focused on improved protocols for juvenile restorations.

Quarterly Summary Conclusions and Next Steps
As the Hospital approaches the close of the first year of OCA monitoring, it may be helpful to return to the major improvement areas noted throughout the 2006 reports and ask some basic questions:

- Has the Riverview management reorganization, which has brought new resources to each of the Hospital's patient care units and to the overall administration of the Hospital, resulted in increased accountability at all levels, implementation of best practices, monitoring of the effectiveness of the revised ABCD milieu program, and a reduction in aggression levels (assaults, restraints, and seclusion) within the Hospital?

- Is there effective crisis management and de-escalation of difficult –to-manage behavior?

- Has the Hospital more effectively integrated and coordinated the treatment planning process across disciplines and with families/caregivers, area offices, DCF central office, community providers and other involved parties?

- Is the River\view treatment program and milieu increasingly trauma-informed, culturally sensitive, and gender responsive?

- Are children and staff fully and actively supported and de-briefed after use of restraint and/or injury.

As outlined in this report, the Hospital has made significant progress in many of these areas but must stay intensively focused on continuing to develop needed improvements. Ongoing areas of concern must be addressed in order for the Hospital to meet its goals.

Summary of Progress on Previous Recommendations and Remaining/Current Recommendations

Areas that have improved/will be monitored for sustained improvement by the OCA:

1. Investigation of staff, family and patient complaints and adequate documentation of the process.
2. Presence of physician's orders for body searches of patients.
3. Application of the correct definition of seclusion and required orders and documentation.

Current Recommendations:

- Reducing the use of restraint and seclusion within Riverview Hospital remains an urgent need. This is an urgent and significant priority and must receive the full energy and support of DCF central office and Riverview. While there is a stated investment in reducing levels of aggression in the Hospital and there are multiple activities and training events toward that goal, there is not yet a clear trend toward decreased use of these interventions.

- It is strongly recommended that the Hospital choose one training program for de-escalation and physical intervention training and that prone holds be discontinued. While there is apparent increase in staff willingness to use the Mandt System, DCF and the Riverview administration have not clearly outlined reasons for choosing this approach over TACE and have not made a system-wide decision to use only Mandt. Because the TACE system includes prone holds, Hospital staff continues to be trained in the use of this type of hold. The national trend is to discontinue prone holds due to their level of risk for injury.

- Riverview should take steps to clarify its expectations regarding accountability and responsibility for the use of restraint and seclusion. The OCA is very concerned about clear accountability for decision-making regarding the initiation and continuation of restraint and seclusion. Clearer accountability in the roles of the nurse and the physician may be helpful in both changing the culture and in helping children's service workers become more oriented toward coaching and engagement.

- The OCA is very concerned about the ongoing lack of timely and integrated treatment and discharge planning for children at Riverview. Children and their families/guardians are not participating in their own planning for treatment and ongoing support and care. Planning is fragmented and there is a lack of overall DCF area office participation in the treatment planning process. When DCF is both the provider of care and the guardian, the guardianship role is not adequately and fully expressed on behalf of children within the Hospital. It is not clear that needed connections between behavioral health and child welfare are taking place and children are negatively impacted by this lack of integration. The OCA strongly recommends that active, timely, and comprehensive steps be taken to improve the treatment planning process for children at Riverview.

- There should be increased attention to the needs of children at Riverview who have autism/pervasive developmental disorders and to the training and support of staff providing their care. There have been beginning steps in this direction, but the Hospital

needs to make a stronger commitment to providing the necessary tools to its staff and to becoming a recognized alternative to referring Connecticut's children out of state for inpatient stabilization of their behaviors.

- There is a need to improve the structure and quality of progress note documentation. The Hospital is drafting new formats and processes, but has not yet implemented them.

- Valid measurements are needed to assess outcomes of care for children served at the Hospital. The Hospital has discussed two possible tools for measuring improvement, but has not yet implemented these tools.

This Quarterly Summary has focused on monitoring Riverview Hospital strengths, areas of significant concern, progress on the Hospital's Strategic Plan goals, and recommendations resulting from the monitoring process. Hospital staff has made significant progress in meeting its goals within expected timeframes. The Office of the Child Advocate recognizes this effort and acknowledges the resulting foundations for implementation of change. At the same time, the OCA views proceeding with timely implementation as paramount and encourages the Hospital to continue moving forward at the pace it has established during the first nine months of its Strategic Plan process. Additionally, the OCA has made further recommendations related to the use of restraint and seclusion and to the need for increased training and support to staff working with children with developmental disabilities.

We will be meeting to discuss this Quarterly Summary next on May 5th and look forward to seeing you then.

Sincerely,

Jeanne Milstein
Child Advocate