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

Dear Commissioner Hamilton,

As you know, the Office of the Child Advocate has been monitoring the progress of Riverview Hospital as DCF and the Hospital respond to recommendations for improvement contained in several reports. The first report is the draft David B. report, submitted by the Child Welfare League of America (March 27, 2006). The second is the Riverview Hospital for Children and Youth Program Review (December 1, 2006), a comprehensive review of Hospital processes carried out by the Department of Children and Families' Bureau of Continuous Quality Improvement, the DCF Office of the Ombudsman, the Office of the Child Advocate, and the Office of the Court Monitor. The third report contains Supplementary Recommendations (December 11, 2006) from the Office of the Child Advocate, intended to accompany the Program Review report. As a result of the seriousness and scope of recommendations contained in these reports, particularly those within the more recent Program Review and Supplementary Recommendations reports, formal monitoring activity has been implemented at Riverview Hospital (in mid-June, 2007) and will continue until the end of June, 2009. Monitoring is carried out via a 30 hour per week OCA position and is complemented by the long-term activity of OCA staff providing advocacy for individual children who are served by the Hospital. 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.

Monitoring Process and Methods: June-September, 2007
During the first quarter of formal monitoring activity, OCA staff has learned about Hospital operations and started to assess progress relative to identified concerns and recommendations. Additionally, there has been a focus on risk management, particularly the use of restrictive or intrusive patient care interventions.

The monitoring process has included the following activities:

- Observation of Hospital operations/patient care units
- Interaction with children served and staff working at the Hospital
- Review of reports and the Hospital's Strategic Plan for 2007 – 2009
- Review of literature (focused primarily on the use of restraint and seclusion)
- Review of Hospital and Joint Commission comparative data
- Monthly meetings with the Executive Committee at Riverview

- Implementation Committee meetings

Quarterly Progress Summaries from OCA will be generated beginning with the July-September, 2007 period and ending with the April -June, 2009 period. Each Summary will discuss strengths and areas of significant concern identified during the quarter and progress relative to report recommendations and goals within the Hospital's Strategic Plan.

Riverview Hospital Strengths during the July-September, 2007 Quarter
During the last Fiscal Year, the Hospital engaged in active consultation with outside experts and is now working to review and integrate recommendations from staff work groups led by the consultants. Major areas of functioning addressed by consultant work groups include:

- Comprehensive Crisis Prevention and Management Protocols.
- ABCD Program review and revision (milieu approach based on the values of Autonomy, Belonging, Competency, and Doing for others).
- Interdisciplinary Treatment Planning and Coordination of Care.

While the Hospital was receiving this extensive consultation, there were also changes in the Executive Management group at Riverview. An (interim) Superintendent, Medical Director and Director of Program Operations were appointed. Other members of the Executive group are the Assistant Superintendent and the Director of Nursing. Changes in this leadership group appear to have had a positive impact on the tone of the Hospital environment. Communication and information sharing are valued and significant efforts are being made to include all levels of staff in the process of change. A Strategic Plan Implementation Committee has been formed and this group will play a leadership role as the Hospital makes the improvements it has detailed in its Plan. There is also clear leadership recognition that the Hospital will need to employ best practice approaches in the care of the children it is treating. Efforts are underway to choose and move toward best practice models and provide training for staff in use of these models. The management and staff of Riverview have been open to the monitoring process, cooperative, forthcoming with information and receptive to discussion of various issues. The Hospital appears to have the internal staff resources needed to respond assertively and comprehensively to the concerns and recommendations outlined in the reports issued in 2006. With active attention, leadership and involvement from the Central Office of DCF, Riverview should be able to meet its goals in an effective manner.

Areas of Significant Concern Identified and Raised during July-September, 2007
Some of the concerns summarized below were brought to the attention of OCA by Riverview staff members or the children served by Riverview. Others result from observation of patient care and review of medical records during the course of monitoring. Concerns have been discussed with the Executive Management group at Riverview during the month of September. This group has indicated that it intends to address these issues and make needed changes. The Office of the Child Advocate strongly recommends that these concerns and subsequent situations of a similar nature be thoroughly investigated, evaluated, and responded to within very structured timeframes.

- 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. For example, Hospital procedures require a physician's order for a body search because of the intrusive nature of this intervention. One child's treatment plan noted that body searches could be performed at the discretion of the nurse. While the nurse may use discretion as to whether he/she believes a body search is needed, the nurse cannot decide to perform such a search. This requires a physician's order. In this child's situation, multiple body searches were carried out according to the treatment plan, but without the required orders.
- 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. While it is understood that the Hospital is trying to address unsafe behaviors, it is very problematic for any child to be restricted to a room without the physician orders, monitoring, and reviews that would result from accurately identifying this as seclusion. As noted in the Report of the Child Advocate and the Attorney General Regarding the Connecticut Juvenile Training School (issued Sept 19, 2002, page 37), DCF regulations at the time of the report defined seclusion as "isolation from the general population of an institution of the Commissioner enforced by locked door". It was noted in the report that this definition contradicted the CT General Statutes (Sections 46a-150 to 56a-154), which do not require that the door be locked for a definition of seclusion. Deputy Commissioner Gerber referenced ... DCF regulation 17a-16-7 and said "you are accurate in your statement that this definition is inconsistent with G.G.S. 46a-150". She indicated that relevant parties had been instructed to bring the regulations into compliance with the law. G.G.S. 46a-150 defines seclusion as "the confinement of a person in a room, whether alone or with staff, in a manner that prevents the person from leaving."

- 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". While the Office of the Child Advocate believes it is the intention of DCF and Riverview Hospital to abide by these requirements, there are significant concerns about several instances in which restraint or seclusion was inappropriately threatened, or used to control behavior rather than prevent harm.
- Transition Planning/Opportunities for 17 year old youth at Riverview:
  While this is not a new area of concern for OCA or DCF, it is important to note significant and ongoing discharge issues for 17year-old youth at Riverview who have complex behavioral problems or significant histories of aggressive behavior. The planning for these youth appears to encounter multiple barriers: confusion as to whether DMHAS or DCF will provide services when youngsters turn 18, a lack of services within Connecticut for children with complex needs (frequent referrals to New York and Massachusetts), and a very real lack of timeliness in decision-making, leading to youth within a few months or weeks of their 18th birthday not knowing what their next steps are. The lack of timeliness appears to relate not only to the lack of adequate in-state options, but also to fragmentation within the various parts of DCF. DCF area offices, the Central Office, and Riverview are not able to act in concert to bring about decisions and seek alternatives in a timely way. Time frames for action thus become unacceptably long. The discharge process also doesn't adequately involve the views of the young people affected. These youngsters are confused and distressed about the uncertainty in their lives, creating a time of crisis for many. Unfortunately, the planning process often does not reflect this crisis, but rather follows its own, more lengthy time frames.

David B. Report (March, 2006) Recommendations and Riverview Hospital Progress

The David B. Report includes a review of Riverview Hospital, where David B. was treated from July 24, 2002 until March 3, 2004. The review was part of a comprehensive effort to "understand the systemic issues impacting David's and his family's care, and to identify specific ways in which public policy and service delivery should align to improve the quality and continuity of care among public and private agencies involved with adolescents, young adults and their families." "Beginning in August of 2005, a framework for conducting the review of the Hospital was forwarded to Commissioners, the Federal Court Monitor, Bureau Chiefs, Area Directors, and Riverview Superintendent. At the same time, significant numbers of critical incidents at Riverview Hospital were reported to the Department's leadership." The agreed upon framework/process coordinated a Special Review Process with the (DCF) Bureau of Continuous Quality Improvement's review of critical incidents.

Key Recommendations:

- Coordinate and implement standardized and routine responses for staff experiencing responses to trauma or work-related stress.
- Coordinate activities of Consultation Teams at Riverview - offer clear feedback and include learning forums for interdisciplinary staff.
- Examine active discharge and aftercare processes at the time of admission. Processes should encompass families and community providers, including those who may have experienced treatment disruptions leading to hospitalization.
- Utilize internal continuum of care, unit-based leadership structure, and supervisory skill development in family-centered and culturally competent principles and practices; guide interdisciplinary teams as they develop further skills in family systems work.
- Focus special attention on development of wrap-around and community-based services for children who have re-unification as a permanency goal. For those who are unable to live at home, placement planning should include direct interventions to ensure that family relationships are encouraged and maintained to the maximum extent possible.
- Target treatment to trauma, given that a high percentage of children and youth admitted to Riverview are likely to have experienced significant trauma.
- Continue to develop innovative therapeutic activities via Riverview education, rehabilitation, and maintenance staff.

Summary of Progress:

Work on these recommendations has proceeded and has also been integrated into the Hospital's Strategic Plan goals and Consultant Work Group follow-up activities. Riverview has completed the hiring process for key management/supervisory positions and has implemented a unit-based leadership structure. This structure creates increased management and clinical capacity on patient care units and is intended to support "best practice" approaches to care, stronger leadership, and clear lines of accountability.

Attention is being given to the need to de-brief and support staff and children after use of restraint and/or injury. Additionally, Program Managers have implemented a review process for the use of restraints. This creates another opportunity for de-briefing as well as a method for reviewing whether alternative interventions may have prevented the need for restraint.

Efforts are being made to bring area office staff, community providers, and family members into the treatment and discharge planning process. During the next quarter, auditing of medical records will begin to collect data about participation of various people in treatment planning meetings. The Riverview Medical Director has suggested inviting families to initial evaluation conferences and letters are being sent to area office staff to inform them of meeting dates and times. There are also several forums within the Hospital and DCF where problematic discharges can be discussed. There is increased discussion of "wrap-around" services needed to support re-unification, with acknowledgment that the cost may be less and the effectiveness greater when extensive supports are provided to children and families in their own homes. This type of thinking is helpful and could be more strongly accompanied by a system-wide approach of the same type, with clear availability of funding to support this. For example, in one treatment team meeting, there was discussion about the need for adequate and affordable housing as a factor in whether a child would return to her family and home. If the family could receive rental assistance from DCF and wrap-around services, this could potentially be a more cost-effective and therapeutic alternative than a residential placement.

Program Review (December 1, 2006): Recommendations and Riverview Hospital Progress
This report was a collaborative and comprehensive review effort following the David B. Report. The Program Review was intended to look at all areas of functioning at Riverview Hospital. The report summarizes multiple areas of concern and provides a wide-ranging set of

recommendations for DCF and Riverview Hospital to address. Because of the scope and number of recommendations, DCF and the Hospital have chosen to create a Strategic Plan for 2007-2009, with target activities and time frames to meet goals.

Key Recommendations of the Program Review Report/Strategic Plan for July-September, 2007

Goals: Treatment/High Risk Interventions:
The goals for the first quarter include regularly monitoring indicators regarding risk and safety of children and staff; and reducing aggressive incidents, including use of restraint and seclusion.

Summary of Progress:
Riverview Hospital, as part of its Joint Commission Accreditation process, submits data on use of restraint, seclusion, patient-to-patient assault, and patient-to-staff assault to a comparative database that is sanctioned by the Joint Commission and chosen by the Hospital. Riverview is compared to 11 other hospitals, all of which are private hospitals. The comparative rates for episodes of restraint and seclusion at Riverview, as reported by this data base, have been significantly outside the range of desirable performance for every quarter but one (April-June, 2006) since January of 2004. The Executive Management group of Riverview has committed itself to the need to reduce these rates and is taking multiple steps toward this goal. The Medical Director and Director of Program Operations are reviewing all uses of restrictive measures, including those in which children are restrained multiple times. Staff is being re-trained in the TACE program for behavior management and the Hospital will continue to evaluate whether this is the appropriate training program. Data is being re-formulated into a rate (per 1000 patient days) format, which is the method used nationally and which more accurately accounts for changes in census. And, the need for reduction in use of restrictive measures is being addressed in various forums. At the Strategic Plan Implementation Committee meeting on September 25, 2007, the first topic of discussion was the use of restraint and seclusion and there was an in-depth discussion regarding these interventions.

Restraint and seclusion are high-risk interventions that also result in injuries. A review of the number of staff (and calendar days) unavailable for work at Riverview due to injuries resulting from aggressive behaviors shows a trend that is somewhat on the rise. High percentages of aggressive behavior and staff injuries happen during the process of restraint. Thus the Hospital's efforts to reduce the restraint rate, if effective, should also impact positively to reduce staff injuries.

Goals: Treatment Planning
The goals for the first quarter 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.

Summary of Progress:
As noted, the Hospital has developed an audit tool that will collect data about participation in the treatment planning process. It will also audit medical records for active participation by patients in their treatment planning and for the presence of treatment interventions developed by rehabilitation, physical education, and dietary (as indicated) staff. These audits will give a more objective view of these areas of concern and will be available for review and action during the next quarter.

The Medical Director and other staff have begun reaching out to other providers with the goal of enhancing collaborative relationships. These providers have included the Yale Child Study Center, Child Psychiatry Department of the IOL, Middlesex Hospital, and the Well Spring Program.

The work group for review and revision of treatment planning procedures has not been convened, but the Hospital plans to bring this group together in October.

Goals: Treatment Program
The goal for the first quarter is to develop program descriptions, including target populations, overall treatment goals, and evidence-based treatment approaches to be used.

Summary of Progress: Program descriptions for four units are completed and the Hospital anticipates completing those remaining within a short period of time. The four completed descriptions were distributed at the September 25th meeting of the Implementation Committee. Additionally, a work group facilitated by the Director of Program Operations has completed draft revisions to the ABCD program, a therapeutic milieu approach used at Riverview. These revisions are intended to integrate the work of the Consultant – led work groups held during the last fiscal year. A survey has been distributed to staff seeking further input and revisions are due to be finalized during the next several weeks.

A "Supplemental Action" (an action step considered by DCF to fall outside of the direct control of Riverview and require the support or action of other bureaus within DCF) within the DCF response to the Program Review calls for consultation team members from Yale and UCONN to continue their activities and be available for training, on-unit observation, and patient-specific consultation. These consultation activities have not been visible during the first quarter.

Goals: Personnel
The goals for the first quarter focused on completing the hiring of open management and supervisory positions, clarifying roles and expectations of each discipline/position on the units; conducting a review of the level of pulled staff; reducing the number of pulled staff by negotiating unit-based staffing structures with the union; and clarifying expectations and ensuring strengths-based supervision at all levels.

Summary of Progress:
Open management and supervisory positions have largely been filled and job descriptions have been revised for all but the one of the positions. Efforts are underway to collect data regarding the number of, and reasons for, pulled staff events. Management plans to review this data with the union during the next quarter.

Goals: Outcomes:
The goals for the first quarter include finalizing outcome measures for all strategic plan goals; setting baselines for all measures; 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.

Summary of Progress:
Measurements for all strategic plan goals have been developed and initial baselines set. Data will be collected during the next quarter and will begin to give a more accurate picture of current performance in these areas of concern. A format for a quarterly report has been developed and will be used for data collected, beginning with September activity.

Goals: Communication
First quarter goals include staff meetings held on all shifts at least every other month; developing and continually updating a communications plan; and displaying the DCF mission and guiding principles along-side the Riverview mission and guiding principles.

Summary of Progress:
The Superintendent held all-staff meetings on each shift in September and the Executive Management group has completed and distributed to the Implementation Committee the DCF and Riverview mission statements and the Riverview Values statement. Development of a formal

Hospital communications plan remains to be completed, but there are multiple efforts to improve communication.

Quarterly Summary Conclusion and Next Steps

The Program Review recommendations and Supplementary Recommendations are very broad in scope and number. In response, the Hospital has developed a two-year Strategic Plan in order to prioritize and organize its work in response to recommendations.

The Hospital has made progress in achieving goals that it set for the period between February 1 and September 30, 2007. While time frames for achieving some goals have been longer than expected, the Hospital has consistently moved toward completion of required tasks. A Strategic Plan Implementation Committee has been formed and this broad-based group of staff is to be the vehicle for leading the change process. At its first two meetings, the Committee was very active in discussing a number of areas of concern, making suggestions, and receiving materials for review and comment.

While there is substantial progress toward goals in the Strategic Plan, there are also areas of significant concern to be addressed. It is important that the Department and Hospital focus attention on these areas quickly and effectively. They are much more likely to impact negatively on the well being of children at Riverview than are some of the activities related to goals in the Strategic Plan. The Office of the Child Advocate is concerned that while the Hospital devotes a great deal of time and energy to meeting its Plan goals, it may not adequately respond to identified risk management and safety issues. Therefore, OCA is recommending that the following action steps be taken:

- When concerns about unsafe patient care are raised by staff, patients, or others, the Hospital should move quickly and effectively to fully investigate each situation, analyze findings, and take action regarding findings. The investigatory process will be more effective if it has specific timeframes and steps. Steps should include, at a minimum, documented staff, patient and witness interviews, and review of the medical record. Until there is a clear process/procedure in place, visible to staff and patients and resulting in appropriate action, people will be uncertain about addressing their ethical and patient care concerns. This uncertainty results in higher risk levels in the Hospital.
- The Hospital should take organization-wide steps to clarify, in writing and via training, that treatment plans do not replace the need for doctor's orders. Examples of problems noted during this past quarter include the use of room restriction/ seclusion and body searches without doctors' orders. Orders and physician oversight of intrusive and restrictive measures are both required and necessary to ensure that high-risk interventions are controlled, monitored and reviewed properly.
- The Hospital should take organization-wide steps, in writing and via training, to clarify the definition of seclusion and ensure that it is correctly understood and applied by staff, and ensure that staff understands that restraint and seclusion are to be used only for the purpose of preventing harm.
- There is a beginning emphasis on reduction of the use of restraint and seclusion overall within Riverview. In order for this effort to succeed, the Hospital will need active Central Office support, including the provision of ongoing and comprehensive outside consultation. Without this, staff will find it difficult to further shift their thinking about what constitutes a therapeutic intervention.
- Concurrently, there is a need to strengthen the quality process, both within the hospital and within the leadership and oversight function of the DCF Central Office. As noted in this report, Riverview will collect both new and ongoing data over the next quarter and will coordinate this data within a quarterly report regarding progress. This data set will begin to provide information and further opportunities for improvement in a number of functional areas. As part of its data collection effort, the Hospital should take steps to collect and review data relative to the development and implementation of an investigation process for complaints/concerns regarding unsafe interventions. Additionally, the DCF Central

Office should play a much stronger role in the Quality Improvement area for Riverview and its other DCF-operated facilities. QI and Information Technology supports that have impacted positively on measurements of success for Juan F. should be applied more fully and broadly to processes and data within these facilities.

This Quarterly Summary has focused primarily on monitoring activities, strengths, areas of concern, and progress made at Riverview Hospital. The Office of the Child Advocate also has concerns about the organization and function of DCF as a whole and these concerns were reflected in the Program Review and the Supplementary Recommendation reports of 2006. The OCA recognizes that there has been a recent change in Central Office administration and would like to acknowledge that there have been several meetings involving OCA and the DCF administration over the past quarter. These have been positive in tone and in substance. Commissioner, your comments in both these meetings and in public have been encouraging and we have appreciated these opportunities to discuss the status of children at Riverview and York, and within the Juvenile Justice system. It is our hope that your stated desire to improve DCF services will result in ongoing attention to the assessment, intervention, and supports necessary for children and their families to be successful. We join you in your desire to implement a more structured and effective assessment process and hope that the use of the SDM model results in more appropriate interventions at each level of involvement. We are also hopeful that children at Riverview Hospital, who have the most complex needs of the young people under the Department's care, will receive priority attention and action. As DCF strengthens its planning role, OCA hopes that each child will have a future and that alternatives for care and support will be timely and nurturing. Successful planning must and should continually focus on decreasing the use of state institutional care and increasing the breadth and intensity of services offered in the community.

We will be meeting to discuss this quarterly review of Riverview Hospital on Monday, October 29, 2007. We look forward to seeing you then.

Sincerely,

Jeanne Milstein
Child Advocate