

# OFFICE OF THE CHILD ADVOCATE

## ANNUAL REPORT

July 1, 2011 to June 30, 2012

### THE VISION

#### To be the child's advocate, we shall...

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

#### To be the Ombudsman for children, we will...

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

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

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





## OVERVIEW AND AUTHORITY

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

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

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

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

Since 1995, the OCA has been an effective watchdog of over \$4 billion of state funds and state-funded services. Fiscal year 2011-2012 brought with it many changes to the Office of the Child Advocate (OCA). The most significant changes include the July 1, 2011 merger with 7 other state watchdog agencies into the newly formed Office of Governmental Accountability (OGA), the reduction of OCA staff from 8 FTEs to 6 FTEs, and most recently, effective March 1, 2012, the retirement of Jeanne Milstein, Connecticut's Child Advocate for the past 12 years. Despite such dramatic change and diminished resources, the OCA has continued to diligently strive to meet its responsibilities to the children and residents of the state and remains a tenacious and reliable voice for children. The OCA operates as the office of accountability for Connecticut's children.

This report summarizes the major initiatives and accomplishments of the Office of the Child Advocate during fiscal year 2011-2012.



### ***RESPONDING TO CITIZEN CONCERNS***

Between July 1, 2011 and June 30, 2012, the OCA responded to the questions, concerns and complaints of hundreds of citizens regarding the provision of state and state-funded services to children. Individuals seeking assistance from the OCA include youths in need of services, parents and other relatives of children in need, health/mental health/education professionals, attorneys, juvenile and criminal justice professionals, community providers, legislators, and employees of state agencies with responsibility for children's services. All calls to the OCA are maintained as confidential. Despite a significant reduction in staffing, OCA staff successfully responded to every caller or contact to OCA. Callers were provided with expert information on roles and responsibilities of state agencies serving children and families, as well as coaching on how to effectively navigate sometimes overwhelmingly complex systems. Issues brought to the attention of the OCA through citizen calls this past year continued to be extremely variable and encompassed child welfare, mental health, education, legal representation, juvenile justice, criminal justice, supports and services to children with developmental disabilities and special health care needs, and social services available to children and families.

Beyond providing information, referral and coaching, OCA staff reviewed more than 700 child cases and determined it necessary to intervene directly on behalf of approximately 10% of the children referred through its ombudsman activities. Child specific case review and advocacy was provided to many more children and youth encountered during OCA facility-based work in treatment and correctional settings. It is OCA's broad authority regarding access to information, including subpoena authority, which allows for comprehensive inspection of service access, availability and quality across all state-funded systems that serve children. The OCA uses this knowledge and authority to inform both child specific case planning as well as system-wide practice and policy initiatives. Information yielded through OCA's child specific investigations is shared with oversight entities including agency commissioners, the Governor's office, the Legislature, and Judicial officials. The Office of the Child Advocate staff interacts regularly with staff and executive administrations of the following state agencies:

- ✓ Department of Children and Families
- ✓ Department of Developmental Services
- ✓ Department of Social Services
- ✓ Department of Mental Health and Addiction Services,
- ✓ Department of Correction
- ✓ Department of Education
- ✓ Department of Public Health
- ✓ Judicial Branch-Court Support Services Division

The OCA works collaboratively with many private sector health and human service providers addressing the needs of the children in our state.



### ***FACILITY INVESTIGATIONS and ADVOCACY ACTIVITIES***

During the past year, the OCA continued its monitoring and advocacy efforts on behalf of children and youth in state hospitals, state-funded treatment programs, and in our state detention centers and prisons. On any given day in Connecticut, hundreds of children and youth are placed in institutional settings funded, regulated, and sometimes operated by the state agencies. These children are often a significant distance from their family and home community, many with significant unmet needs and no one to speak on their behalf.

#### **DEPARTMENT OF CHILDREN AND FAMILIES**

There have been extraordinary changes within the Department of Children and Families over the past year. These include executive level and regional office structural changes, implementation of a differential response system for child protection, and sweeping reforms in the department's approach to interacting with, and providing services to, children and families. The OCA has participated on numerous committees and workgroups initiated by DCF leadership to forward the much needed reform agenda. The OCA consistently provides information and feedback to the DCF leadership based on concerns reported to OCA, OCA child specific reviews, facility monitoring and investigation and child fatality review efforts. An area of particular ongoing concern for the OCA continues to be DCF's ability to effectively address longstanding concerns within their own children's psychiatric facilities.

#### ***Solnit Center South (previously known as Riverview Hospital for Children and Youth)***

The OCA began its monitoring of the DCF operated Riverview Hospital for Children and Youth (name changed to Albert J. Solnit Psychiatric Center South during this past legislative session) almost 10 years ago, responding to concerns regarding reliance on restrictive and punitive measures, extraordinary lengths of stay, and quality of treatment planning. Investigation and monitoring reports been issued, legislative hearings held, and regular meetings held with 4 consecutive DCF executive leadership teams in efforts to discuss seemingly relentless concerns and seek corrective action. Significant efforts by DCF leadership have been made over the past several years to provide training and consultation to the facility staff, limit the facility's bed capacity, decrease patient lengths of stay, more consistently apply admission eligibility criteria and establish a more effective and efficient management structure. During this past year, DCF's current Commissioner, Joette Katz, responded to OCA and others' continued concerns about the facility and convened a working group comprised of both inside and outside experts and policy makers, including OCA, to reassess the two state children's psychiatric facilities (Riverview-Solnit South and Connecticut Children's Place-Solnit North) and offer the new administration recommendations for improvement and reform. Commissioner Katz released a final report in March 2012 describing the review and department's plan for the future of the troubled facilities (The Albert J. Solnit Children's Center Final Consolidation Report, A REPORT IN THE "FOSTERING THE FUTURE" SERIES [www.ct.gov/dcf](http://www.ct.gov/dcf)). The OCA committed to continue vigilant monitoring

of the conditions of care and treatment of children and families at the facility as the new DCF administration embarked on sweeping, agency wide reforms.

To this date, the OCA staff continues to be present at the Solnit South campus several times per week. Meetings are held regularly with facility and executive leadership to discuss observations and progress regarding the facility reform plan. The OCA has persistent concerns with continued data reporting problems, inconsistent implementation of administratively supported reform expectations and efforts, inconsistent quality treatment planning, and continued overreliance on restrictive measures, as well as chronically poor environmental conditions. In response to the OCA concerns, DCF leadership has recently increased supports and consultation to the struggling facility leadership team and is attempting to infuse additional resources to address the complex problems. It is unclear if these efforts will successfully turn the chronically failing institution around. Some environmental enhancements are currently underway. It is the intention of the OCA to continue with vigilant oversight and advocacy on behalf of the children who continue to be admitted there until the identified problems are resolved. The OCA will continue to advocate for adequate and effective home and community-based services and supports for children with complex needs. The OCA's statutory responsibility to evaluate the delivery of services and monitor facilities used by the state for children has resulted in numerous public reports describing unsafe conditions, poor quality of environment, ineffective and sometimes blatantly harmful treatment of children.

#### **DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**

The OCA continues its advocacy efforts to promote seamless transition for the hundreds of youth transitioning each year from child-serving health, mental health, educational, and developmental services to the corresponding adult systems. Young adults have unique support needs that require developmentally focused services and supports. During the past year OCA met regularly with DMHAS Young Adult Services (YAS) leadership to ensure that the needs of individual young people are being effectively addressed and that appropriate home and community based services and supports are available to help them transition successfully to adulthood and eventual independence. A public policy advocacy effort by OCA, in partnership with other advocacy organizations, has resulted in significantly heightened awareness of the unique needs of this population. Connecticut has the beginnings of a statewide infrastructure of developmentally and clinically appropriate supports and services for young people with serious and persistent mental health issues.

#### ***Connecticut Valley Hospital Young Adult Unit***

This past year, the OCA staff have spent a significant amount of time advocating on behalf of young people discharged from Solnit South (River-view Hospital) and other children's intensive mental health settings only to be admitted to DMHAS's young adult inpatient unit at Connecticut Valley Hospital's (CVH). OCA has reported concerns regarding needed improvements in the physical environment, quality of treatment planning, and overreliance on restrictive measures. Meetings are now held regularly between OCA staff and DMHAS leadership to discuss progress and generate ideas to promote recovery for this complex population of young people.

#### **DEPARTMENT OF CORRECTION**

OCA continued its work advocating on behalf of the several hundred youth incarcerated within Connecticut's adult prisons. Unprecedented collaborative advocacy efforts resulted in legislation initially passed in 2007 and then later amended (P.A. 09-7 and 10-01) raising the age of juvenile jurisdiction in Connecticut from 16 to 18. January 1, 2010 saw the transition of 16 year old offenders to the juvenile court. Effective July

1, 2012, Connecticut's 17 year-olds are now also transitioned from the adult criminal court to the juvenile system. While this has resulted in many fewer teens within the adult correctional facilities, transfer laws for teens accused of serious crimes ensure that on any given day, more than 100 youth under 18 are incarcerated in the adult prison system. This past year, the OCA actively participated on the legislative Juvenile Justice Policy and Operating Coordinating Council (JJPOCC) convened by leadership to ensure preparedness across child serving systems for the 17 year olds. It is the intent of the OCA, in collaboration with other stakeholders, to continue to closely monitor the relatively new juvenile systems of services and supports to these youth and families to ensure timely access and availability as well as their effectiveness.

#### ***DOC Manson Youth Institution and York Correctional Institution***

The OCA continued to monitor the conditions of confinement, programming, and services provided through the DOC for adolescent girls at York Correctional Institution and adolescent boys at Manson Youth Institution. While the number of girls remains quite low, their needs are extremely complex. Manson's population has decreased as well, but many of the incarcerated adolescent boys ages 14- 21 have complex needs. The OCA works closely with the DOC to ensure that these youth are receiving age appropriate care and treatment in order to ensure safety and well being while incarcerated, as well as enhance reintegration efforts back into the community. Youth specific advocacy is often needed given the complex mental health, social, and educational needs so prevalent in this population. The OCA has witnessed fewer disciplinary infractions, improvement in participation in school and developmentally appropriate health and mental health treatment. The OCA meets regularly with DOC executive leadership to discuss progress within the facilities as well as needed resources and interagency collaborations to minimize the potential for reincarceration after release.

#### **OTHER SYSTEMIC INVESTIGATIONS**

##### ***Middletown Public Schools***

On January 10, 2012, through widespread media coverage, the OCA became aware of allegations of inappropriate and harmful use of seclusion in a Middletown elementary school. It was reported that young children were subjected by school personnel to lengthy stays in what were being referred to in the media as "scream rooms"(converted cinderblock utility rooms), some described as experiencing great emotional distress, head banging, and even urinating on the floor. Subsequently, OCA was contacted directly by concerned citizens who further alleged the practice of seclusion was widespread and included both special education and regular education children. OCA immediately contacted the State Department of Education (SDE) and the Department of Children and Families (DCF) as the state agencies with regulatory/investigatory jurisdiction to report the concerns and request that they report back to the OCA their plans to investigate. DCF reported being unaware of the allegations, prompting OCA to make a formal report to the Careline of suspected child abuse/neglect. The Department of Education reported awareness through media coverage as well, and expressed intent to initiate a review through the Bureau of Special Education. Given the grave nature of the allegations and awareness of the perceived limits of jurisdiction of both SDE and DCF, OCA determined it necessary to initiate an investigation. In an effort to maximize efficiency and expertise, the OCA successfully sought out the Office of Protection and Advocacy for Persons with Disabilities to partner on this multifaceted and complex investigation. The investigation is ongoing; we anticipate a report will be ready for release later this year.



### ***PUBLIC POLICY and LEGISLATIVE ADVOCACY***

As the independent voice for children, the OCA continued its participation on multiple statewide task forces and committees focused on understanding and addressing the challenges facing children and their families in our state today (attached). 2011-12 added participation by the OCA staff on the OPM led Autism Feasibility workgroup, a multiagency/multistakeholder group convened to examine gaps in services to Connecticut residents with autism spectrum disorders. In addition, as previously referenced, OCA participated on the reconvened JJPOCC, and actively participated on the Children's Results Based Accountability (RBA) Report Card Working Group.

The OCA attempted to maintain a regular presence at the Legislative Office Building and State Capitol during the past legislative session, despite the staffing reductions and the loss of the Child Advocate to retirement on March 1, 2012. OCA continued to serve as a resource to the legislature and responded regularly to their requests for information regarding publicly funded services to children, areas of progress and areas of concern. The OCA provided formal testimony on several bills impacting children, including sibling visitation while in foster care, reduction of school based arrests, inclusion of young adults in the Annual Report Card on Policies and Programs Affecting Children, expanding the list of mandated reporters of child abuse and neglect, and requiring criminal background checks on children's camp leaders. Sibling visitation successfully passed (P.A. 12-71 effective 10/1/14) requiring sibling visits at least once per week unless determined not to be in the best interests of the child(ren).



### ***CHILD FATALITY REVIEW and PREVENTION INITIATIVES***

Outlined in the OCA statutory authority is specific responsibilities for the Child Fatality Review Panel (CFRP). The CFRP has a broad multi-disciplinary membership and more detailed information about the CFRP and public fatality reports can be found on the OCA website ([www.ct.gov/oca](http://www.ct.gov/oca)). Earlier this year, the OCA and CFRP released a 10 year report, *"An Examination of Connecticut Child Fatality: A Ten Year Review January 1, 2001 to January 1, 2011"*. The report provides comprehensive information related to child deaths caused by circumstances determined to be natural, undetermined, accidental, homicides, and suicides. The goal of the report as well as all fatality investigative reports, is to inform statewide prevention partners, policy makers, and others on how children are dying so that prevention initiatives can be specifically targeted to prevent future preventable child deaths. The OCA maintains relationships with national experts in child death review and serves in a

leadership capacity to prevent child fatalities. The OCA continues to review the unexplained and unexpected deaths of all children in Connecticut. During the period of this annual report, the CFRP reviewed 146 child deaths. Of those 146 cases, 69 were natural, 31 were accidental deaths, 12 suicides, 11 homicides, 9 cases were classified as undetermined and 15 cases are pending further studies at the Office of the Chief Medical Examiner. Below is a brief overview of those child fatalities.

***71 Natural Child Deaths***

*These child deaths primarily consisted of cancer, leukemia, heart complications, and other acute illness  
Six cases were classified Sudden Infant Death Syndrome (SIDS)*

***31 Accidental Child Deaths***

*14 cases were motor vehicle related—5 passengers, 4 teen drivers, 3 pedestrians, 2 off road vehicles  
4 fire, 4 drowning, 2 choking, 2 falls, 5 others single cause accidents*

***12 Child Suicides***

*9 were boys and 3 were girls  
The youngest youth suicide was a ten-year old  
10 of the children died by hanging and 2 from gunshot wounds*

***11 Child Homicides***

*8 were teenage boys (6 gunshot wounds and 2 stabbings)  
3 were infants all died as a result of abuse*

***9 Undetermined Child Deaths***

*All of the Undetermined cases were infants less than 9 months old. Upon the completion of an autopsy there were no findings of accidents, disease, or obvious injury.*

***12 Pending Further Studies with the Office of the Chief Medical Examiner***



### ***MERGE INTO THE OFFICE OF GOVERNMENTAL ACCOUNTABILITY (OGA)***

P.A. 11-48, Sec. 58 created the OGA to provide personnel, payroll, affirmative action, and business office functions, and IT to OCA and 7 other state agencies/entities. Each of the agencies retained independent decision-making authority including decisions related to budgetary issues and staffing to carry out their independent mission. The Child Advocate served on the search committee for the Executive Administrator (EA) for the newly created OGA. Regular meetings are held between the new EA and individual agency executive leadership to address implementation of the newly merged business functions and resource sharing. The OCA immediately gained much needed IT support; purchasing/accounts payable functions transitioned to OGA in February 2012 and payroll functions in June 2012. OCA appreciates the responsiveness of the professionals now providing these critical “back office” functions, and will continue to work closely with the Executive Administrator to ensure that the intended goals of improved efficiencies and effectiveness of government agencies are realized.

### ***OCA BUDGET AND STAFFING REDUCTIONS***

To comply with a 15% reduction in the FY12 budget appropriation for OCA, it was necessary to reduce the number of staff from 9 to 6 and from 8 FTEs to 6 FTEs. The positions eliminated were: one full-time Processing Technician (July 2011), one part-time (.70 FTE) Children’s Services Consultant (August 2011), and one part-time (.30 FTE) Nurse Consultant (August 2011). The remaining budgeted staff include the Child Advocate (vacant effective 3/1/2012), the Associate Child Advocate (Acting Child Advocate effective 3/1/2012), 2 Program Managers (assigned lead responsibility for child fatality review and facility based investigations), a Human Services Advocate (primarily responsible as first responder to citizen callers), and an Administrative Assistant. While the loss of the aforementioned staff has undoubtedly impacted the capacity of OCA to independently respond to all of the concerns regarding the provision of state or state-funded services to children in Connecticut, we are confident in our ability to continue to be an effective and independent voice for the children and youth most in need and will continue efforts to establish and maintain strong advocacy partners.

### ***AUDITORS’ REPORT OFFICE OF THE CHILD ADVOCATE***

A three year review of the operations and function of the Office of the Child Advocate generated a report from the Auditors’ of Public Accounts, dated October 2011 containing no recommendations for improvement or areas that require corrective action.



## **LOOKING TO THE FUTURE**

### **NEW ADVISORY COMMITTEE/RESIGNATION OF CHILD ADVOCATE/SEARCH PROCESS**

Jeanne Milstein, Connecticut's Child Advocate since June 2000, retired from her position effective March 1, 2012. Pursuant to C.G.S. 46a-13k(a), Associate Child Advocate, Mickey Kramer, assumed responsibility as the Acting Child Advocate pending the appointment of a new Child Advocate. Public Act 11-48, Sec. 70 established an advisory committee to the Office of the Child Advocate to prepare and submit to the Governor a list of not fewer than five and not more than seven of the most outstanding candidates for the appointment of the Child Advocate. The advisory committee members are appointed to serve a 5 year term. The following members were appointed:

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

### **Search Process**

The six appointed members of the Advisory Committee to the Office of the Child Advocate (ACOCA) met on March 20, 2012 to elect a chair (Joel Rudikoff) and to begin the statutory mandated process for filling the vacancy in the position of Child Advocate. The ACOCA met five additional times between March and June 2012 to review over 300 applications, establish criteria to determine a selective interview process, interview candidates, and develop a list of no fewer than five names (as outlined in statute) to submit to the Governor for his consideration. The Committee is expecting to send the list to the Governor by early July.



**PARTNERSHIPS**  
**COMMITTEES, TASK FORCES, AND WORKING GROUPS**

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

- Statewide Suicide Advisory Board
- Child Poverty and Prevention Council
- Keeping Infants Safe and Secure (KISS) Safe Sleep Coalition & Shaken Baby Prevention Partnership
- Domestic Violence Fatality Review Board
- CT Teen Driving Safety Partnership
- Statewide Injury Community Planning Group
- Juvenile Jurisdiction Policy, Operations Coordinating Council
- Office of Governmental Accountability Commission
- Family Support Council
- Behavioral Health Partnership Oversight Council and BHPOC subcommittee on Quality Access
- Department of Developmental Services Children's Services Committee
- Department of Children and Families Commissioner's Transition Team
- Department of Children and Families Commissioner's Riverview Hospital/Connecticut Children's Place Committee
- Department of Children and Families Commissioner's Subcommittee of Continuum of Care Partnership
- Department of Children and Families /Judicial Executive Implementation Team
- Commission on Racial and Ethnic Disparity in the Criminal Justice System
- CT Keep the Promise Coalition/Children's Committee
- Board Member, National Center for the Review and Prevention of Child Deaths
- Children's Results Based Accountability Report Card Working Group
- Office of Policy and Management Autism Feasibility Work Group

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